| | for Individuals Filing | <u> </u> | 12/17 |
|---|---|--|-------|
| Official Form 101 | for Individuals Eiling | . for Ponkruntov | 40/47 |
| | ☐ Chapter 11☐ Chapter 12☐ Chapter 13☐ Cha | ☐ Check if this is a amended filing | n |
| Case number (If known): | Chapter you are filing under: Chapter 7 | U.S. BATARBOY TEACH MARY A. SECOND MARY | |
| United States Bankruptcy Court for the: DISTRICT OF NEVADA | | 2019 MAR 29 PM 1:31 | |
| Fill in this information to identify your case | se: | WECELVED VIIO LITE CO | |
| | | | |

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| art 1: Identify Yourself | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|--|---|--|
| Your full name | | |
| Write the name that is on your | DAYAN | |
| government-issued picture identification (for example, your driver's license or | First name | First name |
| passport). | Middle name | Middle name |
| Bring your picture | MOLINA-CARBALLO | |
| identification to your meeting with the trustee. | Last name | Last name |
| | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |
| All other names you | ngganggaratura i kalanda sa meri kalanda dia dia dia dia dia dia dia dia dia d | n y volume de la companya and a managamente de managamente de de la companya del companya de la companya de la companya del companya de la companya del la companya de la c |
| have used in the last 8 years | First name | First name |
| Include your married or maiden names. | Middle name | Middle name |
| | Last name | Last name |
| | First name | First name |
| | Middle name | Middle name |
| | Last name | Last name |
| ne ngabonan nyawangi, solan ilayukan kada ilay loko nooloo nooloo na maran ilay ahada tarinda 20 | gammanas para na gamman mar (g. 1987). Buda mula madanda kan na ana angambagan a mana na hari an an mina mana m | 2 m. s. 1 (pr. 2) - senska kan na 1 - ann manssag will a managas maken desangkah debekah debakah sebendadak se |
| Only the last 4 digits of your Social Security | xxx - xx - <u>6 8 3 5</u> | xxx - xx |
| number or federal | OR | OR |
| Individual Taxpayer Identification number (ITIN) | 9 xx - xx | 9 xx - xx |

| Jebioi i | INA-CARBALLO | C | ase number (if known) |
|---|--|-----------------------------------|--|
| First Name Middle N | lame Last Name | | |
| rans, mogalakin ekokusan apaksalakilakin kente dalah intermenten dalah intermentalik ekokusak ekokusak ekokus | About Debtor 1: | Lagrand Control of the Control of | About Debtor 2 (Spouse Only in a Joint Case): |
| . Any business names and Employer Identification Numbers | $oldsymbol{ ot}$ I have not used any business names or | EINs. | ☐ I have not used any business names or EINs. |
| (EIN) you have used in the last 8 years | Business name | | Business name |
| Include trade names and doing business as names | Business name | | Business name |
| | EIN | | EIN |
| | EIN | | EIN |
| Where you live | erbeldtenen gestekkenskrittegerer mener flammelde til sem den ved hundsjer mit en den veren i en de vikke (192 | in weeks to the sec | If Debtor 2 lives at a different address: |
| | 3775 HAWAII AVE | | Number Street |
| | Number Street | | Number Street |
| | LAS VEGAS NV | 89104 | |
| | City State | ZIP Code | City State ZIP Co |
| | CLARK | | County |
| | If your mailing address is different from above, fill it in here. Note that the court wi any notices to you at this mailing address. | | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | Number Street | | Number Street |
| | P.O. Box | | P.O. Box |
| | City State | ZIP Code | City State ZIP Co |
| Why you are choosing this district to file for | Check one: Over the last 180 days before filing this | netition | Check one: Over the last 180 days before filing this petition |
| bankruptcy | I have lived in this district longer than in other district. | any | I have lived in this district longer than in any other district. |
| | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |
| | | | |
| | | | —————————————————————————————————————— |

Debtor 1

| Case number (if known)_ | |
|-------------------------|--|

| Part 2: | lell the C |
|---------|---------------|
| | hapter of the |

Court About Your Bankruptcy Case

| 7. | The chapter of the Bankruptcy Code you | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | | |
|-----|---|--|-------------------------------|--|---|--|--|--|
| | are choosing to file under | ☑ Chapter 7 | | | | | | |
| | | ☐ Chapter 11 | | | | | | |
| | | ☐ Cha | oter 12 | | | | | |
| | | ☐ Cha | oter 13 | | | | | |
| 8. | How you will pay the fee | ☐ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. | | | | | | |
| | | ☐ I nee | ed to p ication | ay the fee in in for Individuals to | stallments. If yo o Pay The Filing | u choose this op Fee in Installme | otion, sign and attach the ents (Official Form 103A). | |
| | | By la less pay | iw, a ju than 1 the fee | udge may, but is 50% of the offici in installments). | not required to, val poverty line that If you choose the | waive your fee, a at applies to you is option, you m | tion only if you are filing for Chapter 7. and may do so only if your income is ur family size and you are unable to nust fill out the Application to Have the with your petition. | |
| _ | | - | | | | | | |
| 9. | Have you filed for bankruptcy within the | ☑ No | | | | | | |
| | last 8 years? | ☐ Yes. | District | | When | MM / DD / YYYY | Case number | |
| | | | District | | When | 1414 / BB (1999) | Case number | |
| | | | District | | When | | | |
| | | | <i>D</i> 100.00 | | | MM / DD / YYYY | Case number | |
| | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | |
| 10. | Are any bankruptcy cases pending or being | No | | | | | | |
| | filed by a spouse who is | ☐ Yes. | Debtor | | | | Relationship to you | |
| | not filing this case with you, or by a business partner, or by an affiliate? | | District | | When | MM / DD / YYYY | Case number, if known | |
| | | | Debtor | | | | Relationship to you | |
| | | | District | | When | MM / DD / YYYY | Case number, if known | |
| | | | | | | | | |
| 11. | Do you rent your residence? | No. Yes. | | line 12. our landlord obtain | ed an eviction judg | ment against you | ? | |
| | | | ☑ No | . Go to line 12. | | | | |
| | | | | s. Fill out <i>Initial St</i> rt of this bankrupto | | Eviction Judgment | t Against You (Form 101A) and file it as | |

| ebtor 1 DAYAN MOL | NA-CARBALLO Last Name | Case number (if known) | | | | |
|---|--|---|--|--|--|--|
| art 3: Report About Any E | Businesses You Own as a S | Sole Proprietor | | | | |
| | | | | | | |
| Are you a sole proprietor of any full- or part-time | ☑ No. Go to Part 4. | | | | | |
| business? | Yes. Name and location of I | business | | | | |
| A sole proprietorship is a business you operate as an | | | | | | |
| individual, and is not a | Name of business, if any | | | | | |
| separate legal entity such as a corporation, partnership, or | Nb. Ct | | | | | |
| LLC. | Number Street | | | | | |
| If you have more than one sole proprietorship, use a | | | | | | |
| separate sheet and attach it to this petition. | | | | | | |
| to this peddon. | City | State ZIP Code | | | | |
| | Check the appropriate | e box to describe your business: | | | | |
| | ••• | ness (as defined in 11 U.S.C. § 101(27A)) | | | | |
| | | Estate (as defined in 11 U.S.C. § 101(51B)) | | | | |
| | | efined in 11 U.S.C. § 101(53A)) | | | | |
| | _ | er (as defined in 11 U.S.C. § 101(6)) | | | | |
| | ☐ None of the above | | | | | |
| | | | | | | |
| Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | can set appropriate deadlines. most recent balance sheet, stal any of these documents do not | 11, the court must know whether you are a small business debtor so that if you indicate that you are a small business debtor, you must attach your atement of operations, cash-flow statement, and federal income tax return t exist, follow the procedure in 11 U.S.C. § 1116(1)(B). | | | | |
| For a definition of small | No. I am not filing under Cl | Chapter 11. | | | | |
| business debtor, see 11 U.S.C. § 101(51D). | ■ No. I am filing under Chapt the Bankruptcy Code. | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. | | | | |
| | Yes. I am filing under Chapt Bankruptcy Code. | oter 11 and I am a small business debtor according to the definition in the | | | | |
| art 4: Report if You Own | or Have Any Hazardous Pro | operty or Any Property That Needs Immediate Attention | | | | |
| | | | | | | |
| Do you own or have any property that poses or is | ☑ No | | | | | |
| alleged to pose a threat | ☐ Yes. What is the hazard? | | | | | |
| of imminent and identifiable hazard to | | | | | | |
| public health or safety? | | | | | | |
| Or do you own any property that needs | | | | | | |
| immediate attention? | If immediate attention | n is needed, why is it needed? | | | | |
| For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | | | | | |
| - , | Where is the property | | | | | |
| | · · · | Number Street | | | | |
| | | | | | | |
| | | | | | | |
| | | City State ZIP Code | | | | |

Debtor 1

DAYAN MOLINA-CARBALLO

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before i filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before i filed this bankruptcy petition, but i do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| i am not required | to receive a | briefing about |
|-------------------|--------------|----------------|
| credit counseling | | |

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before i filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

i received a briefing from an approved credit counseling agency within the 180 days before i filed this bankruptcy petition, but i do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| i am r | not re | quired | to | receive | а | briefing | about |
|--------|--------|--------|----|---------|---|----------|-------|
| | | | | Cause C | | | |

credit counseling because of:

I have a mental illness or a mental deficiency that makes me incapable of realizing or making

rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

DAYAN MOLINA-CARBALLO

| De | First Name Middle Nam | ne Last Name | Case | number (# known) | | | |
|--------|---|---|--|--|--|--|--|
| | | | | | | | |
| | | | | | | | |
| P | art 6: Answer These Que | stions for Reporting Purpo | ses | | | | |
| 16 | . What kind of debts do you have? | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." | | | | | |
| | , | ☐ No. Go to line 16b. ☐ Yes. Go to line 17. | | | | | |
| | | | arily business debts? Businestment or through the operations. | | | | |
| | | No. Go to line 16c. Yes. Go to line 17. | | | | | |
| | | 16c. State the type of debts yo | ou owe that are not consumer of | tebts or business de | ebts. | | |
| ****** | | | | Vidio krapodomes, enclumante bolica apraeaman santos conscipios de la composición del composición de la composición de l | | | |
| 17. | Are you filing under Chapter 7? | ☐ No. I am not filing under C | Chapter 7. Go to line 18. | | | | |
| | Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | Yes. I am filing under Chap administrative expens No Yes | oter 7. Do you estimate that aft ses are paid that funds will be a | er any exempt prop available to distribut | erty is excluded and e to unsecured creditors? | | |
| 18. | How many creditors do | 1-49 | 1,000-5,000 | AMAIN TO AND THE THE MANIMUM CONTRACTOR OF THE PARTY OF T | 25,001-50,000 | | |
| | you estimate that you | 50-99 | 5,001-10,000 | | 50,001-100,000 | | |
| | owe? | ☐ 100-199 ☐ 200-999 | 10,001-25,000 | | More than 100,000 | | |
| | | | ANNE TO THE MENT OF THE PROPERTY OF THE PROPER | Striktische zum ermeinen n. auf den der Artische der Arti | | | |
| 19. | How much do you estimate your assets to | \$0-\$50,000 | \$1,000,001-\$10 milli | | \$500,000,001-\$1 billion | | |
| | be worth? | \$50,001-\$100,000 \$100,001-\$500,000 | \$10,000,001-\$50 mil | | \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion | | |
| | | \$500,001-\$300,000 | \$100,000,001-\$500 | | More than \$50 billion | | |
| 20 | How much do you | \$.0-\$50.000 | □ \$1,000,001-\$10 milli | | \$500,000,001-\$1 billion | | |
| 20. | estimate your liabilities | \$50,001-\$100,000 | \$10,000,001-\$10 milli | | \$ \$300,000,001-\$1 billion | | |
| | to be? | \$100,001-\$500,000 | \$50,000,001-\$100 m | | \$10,000,000,001-\$50 billion | | |
| | | ■ \$500,001-\$1 million | \$100,000,001-\$500 | million 🔲 | More than \$50 billion | | |
| Pa | rt 74 Sign Below | | | | | | |
| Fo | r you | I have examined this petition, a correct. | and I declare under penalty of p | perjury that the infor | mation provided is true and | | |
| | | If I have chosen to file under C of title 11, United States Code. under Chapter 7. | | | e, under Chapter 7, 11,12, or 13 ter, and I choose to proceed | | |
| | | If no attorney represents me ar this document, I have obtained | nd I did not pay or agree to pay I and read the notice required b | someone who is no y 11 U.S.C. § 342(| ot an attorney to help me fill out b). | | |
| | | I request relief in accordance w | vith the chapter of title 11, Unite | ed States Code, spe | ecified in this petition. | | |
| | | I understand making a false sta with a bank uptcy case can res 18 U.S.C §§ 192, 1341, 1519, | sult in fines up to \$250,000, or i | or obtaining money imprisonment for up | or property by fraud in connection to 20 years, or both. | | |
| | | * Jayony | <u>/</u> | K | | | |
| | | Signature of Debtor 1 | 2 4 2 | Signature of Debt | tor 2 | | |
| | | Executed on <u>03/15/6</u> | 1017 | Executed on | | | |

MM / DD /YYYY

Debtor 1

| DAYAN I | MOLINA-CAF | RBALLO |
|----------------|------------|--------|
| | | |

| Case number (if known) | | |
|------------------------|--|--|
|------------------------|--|--|

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page.

The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

| Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences? |
|--|
| □ No □ Yes |
| Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned? |
| □ No □ Yes |
| Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms? |
| Yes. Name of Person Amy Miller |
| Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
| By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an |
| attorney may cause me to lose pay rights or property if I do not properly handle the case. |

Signature of Debtor 2

Contact phone

Email address

Cell phone

MM / DD / YYYY

Date

(702) 773-3695

Contact phone

Email address

Cell phone

Certificate Number: 12459-NV-CC-032434651



CERTIFICATE OF COUNSELING

I CERTIFY that on March 13, 2019, at 12:59 o'clock AM PDT, Dayan Molina Carballo received from Abacus Credit Counseling, an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the District of Nevada, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: March 13, 2019

By: /s/Veronica Castro

Name: Veronica Castro

Title: Credit Counselor

^{*} Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

| Fill in this i | information to id | lentify the case: | | |
|---------------------|---------------------|--------------------------|-----------|--|
| Debtor 1 | DAYAN MOL | INA-CARBALLO | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse, if filing) |) First Name | Middle Name | Last Name | |
| | | | | |
| United States | Bankruptcy Court fo | or the: DISTRICT OF NEVA | DA | |

Official Form 119

Bankruptcy Petition Preparer's Notice, Declaration, and Signature

12/15

Bankruptcy petition preparers as defined in 11 U.S.C. § 110 must fill out this form every time they help prepare documents that are filed in the case. If more than one bankruptcy petition preparer helps with the documents, each must sign in Part 3. A bankruptcy petition preparer who does not comply with the provisions of title 11 of the United States Code and the Federal Rules of Bankruptcy Procedure may be fined, imprisoned, or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

Part 1:

Notice to Debtor

Bankruptcy petition preparers must give the debtor a copy of this form and have the debtor sign it before they prepare any documents for filing or accept any compensation. A signed copy of this form must be filed with any document prepared.

Bankruptcy petition preparers are not attorneys and may not practice law or give you legal advice, including the following:

- whether to file a petition under the Bankruptcy Code (11 U.S.C. § 101 et seq.);
- whether filing a case under chapter 7, 11, 12, or 13 is appropriate;
- whether your debts will be eliminated or discharged in a case under the Bankruptcy Code;
- whether you will be able to keep your home, car, or other property after filing a case under the Bankruptcy Code;
- what tax consequences may arise because a case is filed under the Bankruptcy Code;
- whether any tax claims may be discharged;
- whether you may or should promise to repay debts to a creditor or enter into a reaffirmation agreement;
- how to characterize the nature of your interests in property or your debts; or
- what procedures and rights apply in a bankruptcy case.

| The bankruptcy petition preparer | AMY MILLER | has notified me of |
|---|--|--------------------|
| Name | | |
| any maximum allowable fee before preparing | any document for filing or accepting any fee | |
| Signature of Identor 1 acknowledging receipt of this no | tice C | Date 03/15/2019 |
| Signature of Debtor 2 acknowledging receipt of this no | tice C | Date |

Official Form 119

| btor 1 | DAYAN MOLINA-CAR First Name Middle Name | BALLO Last Name | ė | | _ Case numb | er (if ki | nown) |
|----------|---|--------------------|-----------|---------------------------------|---|-----------|--|
| Part 2: | Declaration and Signat | ure of the | Bank | cruptcy Peti | tion Preparer | | |
| Inder pe | enalty of perjury, I declare | that: | | <u> </u> | - | | |
| • | bankruptcy petition prepare | | cer nr | incinal respo | nsible person, or partner of | a ba | inkruptcy petition preparer: |
| | | | | | | | ntice to Debtor by Bankruptcy Petition |
| • | y firm prepared the document prer as required by 11 U.S.C. | | | _ | | ie No | tice to Debtor by Bankrupicy Fetition |
| prepai | | n notified the | | | | | services that bankruptcy petition any document for filing or before |
| AMY | Y MILLER | OV | VNE | R | AMY TAXES N M | IOR | kE |
| Printed | | Title, if a | ny | | Firm name, if it applies | | |
| 8565 | S. EASTERN AVE STE | E 128 | | | | | |
| Numbe | r Street | | | | | | |
| LAS | VEGAS | NV 8 | 8912 | 3 | 702-979-5837 | | |
| City | | State | Z | IP Code | Contact phone | | _ |
| (Check | k all that apply.) luntary Petition (Form 101) | iones chesi | ZÍ | Schedule I (Fo | | | le a part of each document that I check: Chapter 11 Statement of Your Current Monthle |
| _ | atement About Your Social Secu | rity Numbers | | Schedule J (F | · | _ | Income (Form 122B) |
| | orm 121) | inty Numbers | | • | out an Individual Debtor's | | Chapter 13 Statement of Your Current Monthly |
| | mmary of Your Assets and Liab | | _ | Schedules (Fo | | | Income and Calculation of Commitment Perior (Form 122C-1) |
| _ | rtain Statistical Information (For | m 106Sum) | \Box | Statement of F | Financial Affairs (Form 107) | | , |
| | hedule A/B (Form 106A/B) hedule C (Form 106C) | | Ø | | ntention for Individuals Filing r 7 (Form 108) | | Income (Form 122C-2) |
| | hedule D (Form 106D) | | Ø | • | tement of Your Current | _ | Application to Pay Filing Fee in Installments (Form 103A) |
| | hedule E/F (Form 106E/F) | | _ | Monthly Incom | ne (Form 122A-1) | Ø | Application to Have Chapter 7 Filing Fee Waived (Form 103B) |
| ☑ Sch | nedule G (Form 106G) | | u | Statement of E of Abuse Unde | Exemption from Presumption | 1 | A list of names and addresses of all creditors |
| ☑ Sch | nedule H (Form 106H) | | | (Form 122A-1 | | | (creditor or mailing matrix) |
| | | | | Chapter 7 Mea (Form 122A-2) | ans Test Calculation) | | Other |
| | uptcy petition preparers must s th this declaration applies, the | | | • | mber of each preparer must | be pr | 2/1/- |
| | MILLER | officer, princ | cipal, re | esponsible | 6 2 0 - 6 0 - Social Security number of p | | |
| | re of bankruptcy petition preparer or partner | or officer, princ | cipal, re | sponsible | Social Security number of p | ersori | Date |

B2800 (Form 2800) (12/15)

United States Bankruptcy Court District Of NEVADA In re DAYAN MOLINA-CARBALLO Case No. Debtor Chapter 7 DISCLOSURE OF COMPENSATION OF BANKRUPTCY PETITION PREPARER [Must be filed with the petition if a bankruptcy petition preparer prepares the petition. 11 U.S.C. § 110(h)(2).] 1. Under 11 U.S.C. § 110(h), I declare under penalty of perjury that I am not an attorney or employee of an attorney, that I prepared or caused to be prepared one or more documents for filing by the above-named debtor(s) in connection with this bankruptcy case, and that compensation paid to me within one year before the filing of the bankruptcy petition, or agreed to be paid to me, for services rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: \$200.00 For document preparation services I have agreed to accept..... Balance Due......\$0.00 2. I have prepared or caused to be prepared the following documents (itemize): TYPED ALL CHAPTER 7 FORMS (DECLARATION ON FORM 119) and provided the following services (itemize): PREPARE CHAPTER 7 FORMS ONLY The source of the compensation paid to me was: 3. Other (specify) DAYAN MOLINA-CARBALLO paid me cash. The source of compensation to be paid to me is: 4. Debtor Other (specify) The foregoing is a complete statement of any agreement or arrangement for payment to me for preparation 5. of the petition filed by the debtor(s) in this bankruptcy case. 6. To my knowledge no other person has prepared for compensation a document for filing in connection with this bankruptcy case except as listed below: **NAME** SOCIAL SECURITY NUMBER 620602539

AMY MILLER

petition preparer*

Social Security number of bankruptcy

8565 S. EASTERN AVE SUITE 128, LAS VEGAS, NV 89123

Address

Printed name and title, if any, of **Bankruptcy Petition Preparer**

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

^{*} If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer. (Required by 11 U.S.C. § 110).

| Fill in this information to identify your case: | |
|---|---|
| Debtor 1 DAYAN MOLINA-CARBALLO First Name Middle Name Last Name | |
| Debtor 2 | |
| (Spouse, if filing) First Name Middle Name Last Name | |
| United States Bankruptcy Court for the: DISTRICT OF NEVADA | _ |
| Case number (If known) | Check if this is an amended filing |
| (II KNOWI) | amended liling |
| | |
| Official Form 106Sum | |
| Summary of Your Assets and Liabilities and Certain Statistical Info | rmation 12/15 |
| | |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for Information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended | supplying correct I schedules after you file |
| your original forms, you must fill out a new Summary and check the box at the top of this page. | |
| Commercial Vana Assarts | |
| Part 1: Summarize Your Assets | |
| | Your assets |
| | Value of what you own |
| Schedule A/B: Property (Official Form 106A/B) | \$ 0.00 |
| 1a. Copy line 55, Total real estate, from Schedule A/B | <u> </u> |
| 1b. Copy line 62, Total personal property, from Schedule A/B | s 1,550.00 |
| 10. Copy line 52, 1 old personal property, non-concessor 755 | Ψ |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$ 1,550.00 |
| | |
| Part 2: Summarize Your Liabilities | |
| | |
| | Your liabilities |
| | Amount you owe |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) | ¢ 0.00 |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) | 0.00 |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | + s 55,447.98 |
| | + \$ |
| Your total liabilities | \$ 55,447.98 |
| rour total naunities | 4 |
| | |
| Part 3: Summarize Your Income and Expenses | |
| 4. Schedule I: Your Income (Official Form 106I) | |
| Copy your combined monthly income from line 12 of Schedule I | \$ <u>1,721.20</u> |
| 5. Schedule J: Your Expenses (Official Form 106J) | |
| Copy your monthly expenses from line 22c of Schedule J | \$ 1,820.00 |

| De | ebtor 1 | DAYAN I First Name | MOLINA-CAR | BALLO Last Name | Cas | se number (# known) | |
|----|--------------|------------------------|-------------------------------------|--|---|--------------------------|---------------------|
| P | art 4: | Answer Ti | nese Question | s for Administrative | and Statistical Records | | |
| 6. | Are yo | u filing for b | ankruptcy unde | Chapters 7, 11, or 13? | | | |
| | ☑ Ye: | s | | this part of the form. Ch | eck this box and submit this fo | rm to the court with you | ur other schedules. |
| 7. | | ind of debt d | | | | | |
| | | | | | ebts are those "incurred by an i lines 8-9g for statistical purpos | | a personal, |
| | | | not primarily corourt with your oth | | e nothing to report on this part | of the form. Check this | box and submit |
| | ** | 1 MAR 2 1 27 MINUS 2 2 | e e egge e | | | | |
| 8. | | | | t Monthly Income : Copy 3 Line 11; OR , Form 1220 | y your total current monthly inc C-1 Line 14. | ome from Official | \$ |
| | | | | | | | |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total claim |
|--|-----------------|
| From Part 4 on Schedule E/F, copy the following: | |
| 9a. Domestic support obligations (Copy line 6a.) | \$0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$0.00 |
| 9d. Student loans. (Copy line 6f.) | \$0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | + \$0.00 |
| 9g. Total. Add lines 9a through 9f. | \$0.00 |

| Fill in this information to identify your case and th | is filing: | | |
|---|--|---|---------------------------------------|
| Debtor 1 DAYAN MOLINA-CARBALLO | | | |
| First Name Middle Name Debtor 2 | Last Name | | |
| (Spouse, if filing) First Name Middle Name | Last Name | | |
| United States Bankruptcy Court for the: DISTRICT OF NE | VADA | | |
| Case number | | C | ☐ Check if this is an |
| | | | amended filing |
| Official Form 106A/B | | | |
| Schedule A/B: Propert | Y | | 12/15 |
| category where you think it fits best. Be as comp responsible for supplying correct information. If n write your name and case number (if known). Ans | ns. List an asset only once. If an asset fits in more lete and accurate as possible. If two married people nore space is needed, attach a separate sheet to the wer every question. , Land, or Other Real Estate You Own or Ha | le are filing together, bo his form. On the top of a | oth are equally |
| Do you own or have any legal or equitable interest No. Go to Part 2. ☐ Yes. Where is the property? | est in any residence, building, land, or similar prop | erty? | |
| 1.1. Street address, if available, or other description | What is the property? Check all that apply. ☐ Single-family home ☐ Duplex or multi-unit building | Do not deduct secured clause the amount of any secure Creditors Who Have Claim | ed claims on Schedule D: |
| Street address, if available, or other description | ☐ Condominium or cooperative ☐ Manufactured or mobile home ☐ Land | Current value of the entire property? | Current value of the portion you own? |
| | ☐ Investment property | \$ | \$ |
| City State ZIP Code | □ Timeshare □ Other | Describe the nature of interest (such as fee the entireties, or a life | simple, tenancy by |
| | Who has an interest in the property? Check one. Debtor 1 only | | 70-1 |
| County | Debtor 2 only | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | Check if this is co | emmunity property |
| | Other information you wish to add about this it property identification number: | | |
| If you own or have more than one, list here: | | | |
| 1.2 | What is the property? Check all that apply. Single-family home Duplex or multi-unit building | Do not deduct secured cla the amount of any secure Creditors Who Have Clain | d claims on Schedule D: |
| Officer address, if available, or office description | Condominium or cooperative Manufactured or mobile home Land | Current value of the entire property? | Current value of the portion you own? |
| | ☐ Investment property | \$ | \$ |
| City State ZIP Code | ☐ Timeshare ☐ Other | Describe the nature of interest (such as fee the entireties, or a life | simple, tenancy by |
| | Who has an interest in the property? Check one. | | |
| County | Debtor 1 only Debtor 2 only | | |
| County | Debtor 1 and Debtor 2 only At least one of the debtors and another | Check if this is co (see instructions) | mmunity property |
| | Other information you wish to add about this ite property identification number: | | |

Official Form 106A/B

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| Debtor | 1 DAYAN MOLINA-CARBALLO First Name Middle Name Last Name | Case number (# | known} | |
|---------------|--|---|--|---------------------------------------|
| 1.3 | Street address, if available, or other description | What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home | Do not deduct secured clean the amount of any secure Creditors Who Have Claim Current value of the entire property? | d claims on Schedule D: |
| | City State ZIP Code | Land Investment property Timeshare Other | Describe the nature of interest (such as fee the entireties, or a life | simple, tenancy by |
| | County | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this ite property identification number: | (see instructions) | mmunity property |
| 2. Add | the dollar value of the portion you own for al | l of your entries from Part 1, including any entries | | _{\$_} 0. ∞ |
| you | have attached for Part 1. Write that number h | iere. | → | |
| you own | own, lease, or have legal or equitable interes | et in any vehicles, whether they are registered or ite, also report it on Schedule G: Executory Contracts a | | |
| Ø N □ Y | | | | |
| 3.1. | Make: Model: Year: Approximate mileage: Other information: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Do not deduct secured cla the amount of any secured Creditors Who Have Claim Current value of the entire property? | I claims on Schedule D: |
| | | ☐ Check if this is community property (see instructions) | \$ | \$ |
| lf you | own or have more than one, describe here: | | | |
| 3.2. | Make: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | Do not deduct secured clai the amount of any secured Creditors Who Have Claim | claims on Schedule D: |
| | Year: Approximate mileage: Other information: | Debtor 1 and Debtor 2 only At least one of the debtors and another | Current value of the entire property? | Current value of the portion you own? |
| | Cute information. | Check if this is community property (see instructions) | \$ | \$ |

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| | Make: | Who has an interest in the property? Check one. | Do not deduct secured cla | aims or exemptions. Put |
|---------------------------|--|---|---|---|
| | Model: | Debtor 1 only | the amount of any secure Creditors Who Have Clair | d claims on <i>Schedule D</i> |
| | | Debtor 2 only | | |
| | Year: | Debtor 1 and Debtor 2 only | Current value of the entire property? | Current value of t portion you own? |
| / | Approximate mileage: | At least one of the debtors and another | onthio property i | polition you own. |
| (| Other information: | | \$ | \$ |
| | | ☐ Check If this is community property (see instructions) | <u> </u> | * |
| ľ | Make: | Who has an interest in the property? Check one. | Do not deduct secured cla | |
| • | Model: | Debtor 1 only | the amount of any secure Creditors Who Have Clair | |
| | Year: | Debtor 2 only | | . , . |
| | | Debtor 1 and Debtor 2 only | Current value of the entire property? | Current value of the portion you own? |
| | Approximate mileage: | At least one of the debtors and another | commo property: | position you out, |
| (| Other information: | | \$ | \$ |
| | | Check if this is community property (see | Ψ | Ψ |
| ipi o | oles: Boats, trailers, motors, persona | instructions) s and other recreational vehicles, other vehicles, and acces al watercraft, fishing vessels, snowmobiles, motorcycle accesso | | |
| npi io es N Y | oles: Boats, trailers, motors, persona | s and other recreational vehicles, other vehicles, and acces | | d claims on Schedule D: |
| P S S N | oles: Boats, trailers, motors, persona s Make: Model: | s and other recreational vehicles, other vehicles, and accessal watercraft, fishing vessels, snowmobiles, motorcycle accesso Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Do not deduct secured cla the amount of any secured Creditors Who Have Clain | d claims on Schedule D: ns Secured by Property. Current value of th |
| npilo les N N Y C | oles: Boats, trailers, motors, persona s Make: Model: | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. | Do not deduct secured cla the amount of any secured Creditors Who Have Clain Current value of the entire property? | d claims on Schedule D: ns Secured by Property. Current value of th portion you own? \$ |
| MP (es | Make: Other information: wwn or have more than one, list here | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. | Do not deduct secured clathe amount of any secured Creditors Who Have Claim Current value of the entire property? \$ Do not deduct secured clathe amount of any secured Creditors Who Have Claim | d claims on Schedule D: ss Secured by Property. Current value of th portion you own? \$ |
| es NNYO | oles: Boats, trailers, motors, personals Make: Model: Year: Other information: own or have more than one, list here Make: | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. | Do not deduct secured cla the amount of any securet Creditors Who Have Clain Current value of the entire property? \$ Do not deduct secured cla the amount of any secured | d claims on Schedule D: as Secured by Property. Current value of th portion you own? \$ |

Debtor 1

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Debtor 1

DAYAN MOLINA-CARBALLO First Name Middle Name Last N

| Case Humber (Ir known) | | Case number | (if known)_ | | |
|------------------------|------------------------|-------------|-------------|------|--|
| Caco number (#1 | Case number (if known) | _ | | | |
| | Case Humber (If known) | Caco pumbor | 1361 | | |

| Part 3 | Describe Your Personal and Household Items | | |
|--|--|-----------------|--------------------|
| Do you | own or have any legal or equitable interest in any of the following items? | portion ye | uct secured claims |
| 6. Ho u | sehold goods and furnishings | | |
| | nples: Major appliances, fumiture, linens, china, kitchenware | | |
| | | | |
| | /es. Describe FURNITURE | \$ | 950.00 |
| 7 Elec | tronics | | |
| Exa | nples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games | | |
| | es. Describe TELEVISION | \$ | 200.00 |
| 8. Colle | ctibles of value | 1 1 1 1 A | |
| Exai | nples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles | | |
| \(\overline{\ov | es. Describe COLLECTIBLE PAINTING | \$ | 100.00 |
| • | oment for sports and hobbies nples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes | ı | |
| | and kayaks; carpentry tools; musical instruments | | |
| 2 N | | * *} | |
| U 1 | es. Describe | \$ | |
| Z N | pples: Pistols, rifles, shotguns, ammunition, and related equipment | \$ | |
| 11. Cloth | The second of th | | |
| | ples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories | | |
| ☑ Y | es. Describe EVERYDAY CLOTHING | \$ | 200.00 |
| | the state of the s | | |
| 12. Jewe Exan | iry ples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver | | |
| O N | es. DescribeJEWELRY | * \$ | 100.00 |
| 3. Non- 1 | arm animals | | |
| _ | ples: Dogs, cats, birds, horses | | |
| ☑ N □ Y | es. Describe | | |
| 4. Any o | ther personal and household items you did not already list, including any health aids you did not list | | |
| | es. Give specific | ~ | |
| in | ormation | \$ | |
| 5. Add t | he dollar value of all of your entries from Part 3, including any entries for pages you have attached rt 3. Write that number here | \$ | 1,550.00 |

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Debtor 1

| DAYAN | MOLINA-CAF | RBALLO | |
|------------|-------------|-----------|--|
| First Name | Middle Name | Last Name | |

| Case number (# known)_ | | | |
|------------------------|--|--|--|
|------------------------|--|--|--|

| Do you own or have any | / legal or equitable interest in | any of the following? | | Current value of the portion you own? Do not deduct secured clain or exemptions. | |
|--|------------------------------------|---|---------------------------|---|------|
| 16. Cash <i>Examples:</i> Money you | ı have in your wallet, in your hoı | me, in a safe deposit box, and on hand wh | en you file your petition | | |
| ☑ No | | | | | |
| ☐ Yes | | | ···· Cash: | \$ | 0.00 |
| | | unts; certificates of deposit; shares in cred nultiple accounts with the same institution, | | | |
| ¥1 Yes | | Institution name: | | | |
| | 17.1. Checking account: | CHASE BANK | | \$ | 0.00 |
| | 17.2. Checking account: | | | \$ | |
| | 17.3. Savings account: | | | \$ | |
| | 17.4. Savings account: | | | \$ | |
| | 17.5. Certificates of deposit: | | | \$ | |
| | 17.6. Other financial account: | | | \$ | |
| | 17.7. Other financial account: | | | \$ | |
| | 17.8. Other financial account: | | · | \$ | |
| | 17.9. Other financial account: | | | \$ | |
| 18. Bonds, mutual funds, | , or publicly traded stocks | | | | |
| · | , investment accounts with brok | erage firms, money market accounts | | | |
| ☑ No ☐ Yes | Institution or issuer name: | | | | |
| | | | | • | |
| | | | | | |
| | | | | | |
| | | | | - | |

Schedule A/B: Property

Name of entity:

☑ No

☐ Yes. Give specific

Official Form 106A/B

information about

them.....

% of ownership:

%

0%

0%

0%

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Case number (if known)_

DAYAN MOLINA-CARBALLO

Debtor 1

First Name Middle Name 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. No ☐ Yes. Give specific Issuer name: information about them..... 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No No ☐ Yes. List each account separately. Type of account: Institution name: 401(k) or similar plan: Pension plan: IRA: Retirement account: Keogh: Additional account: Additional account: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No ☐ Yes..... Institution name or individual: Electric: Gas: Heating oil: Security deposit on rental unit: Prepaid rent: Telephone: Water: Rented furniture: Other: 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) Z No Yes...... Issuer name and description:

Official Form 106A/B

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| Debtor 1 DA | YAN MOLINA | A-CARBA | LLO | | Case number (if known) | |
|---------------------------------------|------------------------------------|-----------------------|---|--|--|--|
| JEDIOI I | Name Middle N | | Last Name | | | |
| | | | | | | |
| | | | | ied ABLE program, or unde | er a qualified state tuition program. | |
| | 30(b)(1), 529A(l | b), and 529 | (b)(1). | | | |
| ☑ No | | | | | | |
| ☐ Yes | | Institution | name and descri | iption. Separately file the rec | ords of any interests.11 U.S.C. § 521 | c) : |
| | | | | | | |
| | | | | | | \$ |
| | | | | | | \$ |
| | | | | | | \$ |
| | | | | | | |
| | ble or future in r your benefit | terests in p | roperty (other t | than anything listed in line | 1), and rights or powers | |
| ☑ No | | | | | | |
| Yes. Give | specific | | | ACCOMPANY OF THE STATE OF THE S | and the second s | |
| | about them | | | | | \$ |
| | ŧ., | and the second second | | | | |
| . Patents, copy | rights, tradema | rks, trade : | secrets, and oth | her intellectual property | | |
| Examples: Inte | rnet domain nar | nes, websit | es, proceeds fror | m royalties and licensing agr | reements | |
| ☑ No | | | | | | |
| Yes. Give | specific | | | | | |
| | about them | | | | | \$ |
| | | 16 | 1 1 1 5 | | | |
| Licenses, fran | chises, and ot | her general | intangibles | | | |
| | | | | e association holdings, liquo | r licenses, professional licenses | |
| ☑ No | | | • | | | |
| Yes. Give s | . na cific | | ** ** * * * * * * * * * * * * * * * * * | | | |
| | about them | | | | | \$ |
| | | | * 40 t | e de la companya de | to the two two two transfers to the | |
| oney or proper | v owed to you' | ? | | | | Current value of the |
| oney or proper | ,, c to ,c | • | | | | portion you own? |
| | | | | | | Do not deduct secured claims or exemptions. |
| | | | | | | dams of exemptions. |
| Tax refunds o | wed to you | | | | | |
| 🗹 No | | | | | | |
| | pecific informati | | | | Federal: | \$ |
| | them, including | | | | | |
| and th | ready filed the re e tax years | :: | | | State: | \$ |
| | , | | | | Local: | \$ |
| | | | | | | |
| Family suppor | t | | | | | |
| | | ım alimony, | spousal support. | t, child support, maintenance | , divorce settlement, property settleme | ent |
| ☑ No | | | | | | |
| ☐ Yes. Give s | pecific informati | on | | | | |
| | , | | | | Alimony: | \$ |
| | | | | | Maintenance: | \$ |
| | | | | | Support: | \$ |
| | | | | | Divorce settlement: | \$ |
| | | | | | | ¢ |
| | | | | e de la companya del companya de la companya del companya de la co | Property settlement: | Ψ |
| Other amounts Examples: Unp Soc | aid wages, disal | bility insurar | nce payments, di Iloans you made | isability benefits, sick pay, va e to someone else | acation pay, workers' compensation, | |
| ☑ No | • | | , | | | |
| | pecific informati | nn | | | the second of th | |
| 100. Give 5 | poomo miorinati | J11 | | | | \$ |

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DAYAN MOLINA-CARBALLO

| Debtor 1 DAYAN MOLIN | | | Case number (if known) | |
|--|---|------------------------------------|---|--|
| First Name Middle | e Name Last Name | | | |
| | | | | |
| 31. Interests in insurance polic | | | | |
| • | or life insurance; health | savings account (HSA); cre | edit, homeowner's, or renter's insurance | |
| No | | | | |
| Yes. Name the insurance of each policy and lis | | / name: | Beneficiary: | Surrender or refund value: |
| | | | | \$ |
| | | | | \$ |
| | | | | . \$ |
| 32. Any interest in property tha | t is due vou from som | neone who has died | | |
| | | ceeds from a life insurance p | policy, or are currently entitled to receive | |
| property because someone h | as died. | | | |
| No | ation. | | | |
| ☐ Yes. Give specific informa | | | | \$ |
| | | | | |
| Claims against third parties Examples: Accidents, employ | | | le a demand for payment | |
| ☑ No | mont diopated, modram | se claime, or rights to sae | | |
| Yes. Describe each claim. | 1 · · · · · · · · · · · · · · · · · · · | | | |
| | | | | s |
| | idated claims of every | y nature, including counte | rclaims of the debtor and rights | |
| to set off claims 2 No | | | | |
| Yes. Describe each claim. | | | | |
| Tes. Describe each claim. | | | | \$ |
| | | | | |
| or Any dinamaial agains was did | l mat almadır lint | | | |
| 35. Any financial assets you did | i ilot alleady list | | | |
| NoYes. Give specific informa | ation | | | |
| Tes. Olve specific informa | £ | | | \$ |
| | | | fa | |
| 66. Add the dollar value of all of for Part 4. Write that number | | | for pages you have attached | s 0.00 |
| | | | - | |
| | | | | |
| Part 5: Describe Any B | | D | | |
| Describe Any B | ousiness-Related | Property You Own o | r Have an Interest In. List any | real estate in Part 1. |
| 7. Do you own or have any lega | al or equitable interes | t in any business-related p | property? | |
| No. Go to Part 6. | | | | |
| Yes. Go to line 38. | | | | |
| | | | | Current value of the |
| | | | | portion you own? |
| | | | | Do not deduct secured claims or exemptions. |
| 8. Accounts receivable or com | missions you already | earned | | |
| ☑ No | | | | |
| Yes. Describe | | | | |
| | | | | \$ |
| 9. Office equipment, furnishing | | | | |
| | uters, software, modems, p | orinters, copiers, fax machines, r | rugs, telephones, desks, chairs, electronic devices | 3 |
| ✓ No ☐ Yes. Describe | | | | |
| Tes. Describe | | | | \$ |

Official Form 106A/B

Case 19-11914-btb Doc 1 Entered 03/29/19 13:42:19 Page 22 of 66

| Debtor 1 | DAYAN MOLIN First Name Middl | NA-CARBALLO le Name Last No. | lame | Case number (# known) | |
|---------------|---|--|--|--|------------------------------|
| 40 Machine | any fivturae aquinn | nant sunnlias vou | use in business, and tools of | rour trade | |
| | ery, natures, equipm | ient, supplies you | use in business, and tools or | out that | |
| ☑ No | December 1 | | | | |
| ∟ Yes. | . Describe | | | | \$ |
| | | | | | |
| 41. Inventor | rv | | | | |
| ☑ No | : "" | | | | |
| Yes. | Describe | | | | \$ |
| | ř | | | | |
| 42 Interest | s in partnerships or | iolat vonturos | | | |
| ✓ No | s iii partiiersiiips or | Joint ventures | | | |
| | Describe | | | | |
| Les. | Describe Name | of entity: | | % of ownership: | |
| | | | A The Total | % | \$ |
| | <u></u> | | | % | \$ |
| | | | | % | \$ |
| | | | | | |
| 43. Custome | er lists, mailing lists | , or other compilat | tions | | |
| | Do your lists includ | le personally ident | tifiable information (as defined | n 11 II S.C. & 101(41A))? | |
| | □ No | to porconany raona | | 11 11 0.0.0. 3 10 (4 11 1/). | |
| | Yes. Describe | was various states and a | | | • |
| | Tes. Describe | •••• | | | \$ |
| | | to the second of | | | |
| | iness-related prope | rty you did not alre | eady list | | |
| ☑ No | | | | | |
| | Give specific | | | | \$ |
| intorr | mation | | | | • |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | 9 |
| | | | | | Ψ |
| | | | | | \$ |
| 45. Add the | dollar value of all of | f your entries from | Part 5, including any entries f | or pages you have attached | \$ 0.00 |
| for Part | 5. Write that numbe | r here | | → | \$ |
| | | | | | |
| | | | | | |
| Part 6: | Describe Any Far If you own or have a | m- and Commercan interest in farmi | cial Fishing-Related Prope land, list it in Part 1. | rty You Own or Have an Interest I | n. |
| | | | | | |
| 46. Do you o | wn or have any lega | al or equitable inter | rest in any farm- or commercia | I fishing-related property? | |
| | Go to Part 7. | - | • | | |
| 🔲 Yes. (| Go to line 47. | | | | |
| | | | | | Current value of the |
| | | | | | portion you own? |
| | | | | | Do not deduct secured claims |
| 7. Farm ani | mals | | | | or exemptions. |
| | s: Livestock, poultry, f | arm-raised fish | | | |
| ☑ No | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | - | | | |
| | | | | A Company of the Comp | |
| | : | | | | |
| | | | | | * \$ |

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| Debtor 1 | DAYAN MOLINA-CARBALLO | | 1 | Case number (if known) | | |
|-----------------------|--|-----------------|-----------------|--|-------------|---------------------------------------|
| | First Name Middle Name Last Name | | | | | |
| 48. Crops— | either growing or harvested | | | | | |
| ☑ No | The second secon | ** ** | | The second secon | | |
| | Give specific mation | | | | : e | |
| | | | | AND THE RESERVE OF THE PROPERTY OF THE PROPERT | Ψ | |
| 49. Farm an | d fishing equipment, implements, machinery, fixtu | res, and too | is of trade | | | |
| | | 188 5 1 1 1 1 1 | | The second second section and the second sec | | |
| | | | | | \$ | |
| 50. Farm an | nd fishing supplies, chemicals, and feed | | | | | |
| 🗹 No | | | | • | | |
| ☐ Yes | | | | 11 to 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ··· | |
| | | | | The second secon | ; \$ | |
| 51. Any far r | n- and commercial fishing-related property you did | | | | - | |
| | Give specific | | | | e | |
| | Managana, et al. et | | | , and the second | | · · · · · · · · · · · · · · · · · · · |
| 52. Add the | dollar value of all of your entries from Part 6, inclu | ıding any en | tries for pages | s you have attached | \$ | 0.00 |
| IOI FAIL | o. Wille that humber here | | | | L | |
| | | | | | | |
| Part 7: | Describe All Property You Own or Have | e an Inter | est in That | You Did Not List Above | | |
| 50 Day | h Aban na asta of any bind did not also ad | lint? | | | | |
| • | have other property of any kind you did not alread s: Season tickets, country club membership | y list! | | | | |
| ☑ No | , ************************************* | - * | | | e | |
| | Give specific | | | 1 | Ψ \$ | · · · |
| | | | | | \$ | |
| | t de la companya del companya de la companya del companya de la co | | | Samuel Commission (Commission of Commission | | |
| 54. Add the | dollar value of all of your entries from Part 7. Write | that numbe | r here | | \$ | 0.00 |
| | | | | | | |
| David Q. | List the Totals of Each Part of this For | | | | | |
| Part 8: | LIST THE TOTALS OF EACH PART OF THIS POP | | | | | |
| 55. Part 1: T | otal real estate, line 2 | | | → | \$ | 0.00 |
| 56. Part 2: T | otal vehicles, line 5 | \$ | 0.00 | - | | |
| 57. Part 3: T | otal personal and household items, line 15 | \$ | 1,550.00 | - | | |
| 58. Part 4: T | otal financial assets, line 36 | \$ | 0.00 | - | | |
| 59. Part 5: T | otal business-related property, line 45 | \$ | 0.00 | • | | |
| 60. Part 6: T | otal farm- and fishing-related property, line 52 | \$ | 0.00 | | | |
| 61. Part 7: T | otal other property not listed, line 54 | + \$ | 0.00 | • - | | |
| 62. Total pe r | rsonal property. Add lines 56 through 61 | \$ | 1,550.00 | Copy personal property total 👈 | + \$ 153 | 0.00 |
| | | | | | | |
| | | | | | | |
| 63. Total of a | all property on Schedule A/B. Add line 55 + line 62 | | | | \$ | 1,550.00 |

Official Form 106A/B

| Fill in this informat | ion to identify your case: | | | |
|---|---|--|---|---|
| | | 0 | | |
| Debtor 1 DATA | AN MOLINA-CARBALL Middle Name | Last Name | | |
| Debtor 2 | | | | |
| (Spouse, if filing) First Nan | ne Middle Name | Last Name | | |
| United States Bankrup | tcy Court for the: DISTRICT OF | NEVADA | | |
| Case number(If known) | | | | Check if this is a amended filing |
| Official Form | 106C | | | |
| Schedule | C: The Pro | perty You | Claim as Exemp | t 04/16 |
| Ising the property yo | u listed on <i>Schedule A/B: Pro</i> ut and attach to this page as | perty (Official Form 10 | together, both are equally responsible for 16A/B) as your source, list the property that Additional Page as necessary. On the top | t you claim as exempt. If more |
| f any applicable sta etirement funds—m mits the exemption | tutory limit. Some exemptic ay be unlimited in dollar an | ons—such as those f nount. However, if yo nt and the value of th | ull fair market value of the property beir for health aids, rights to receive certain ou claim an exemption of 100% of fair m ne property is determined to exceed tha | benefits, and tax-exempt arket value under a law that |
| Part 1: Identify | the Property You Claim | as Exempt | | |
| ☑ You are claim ☐ You are claim | ing state and federal nonban ing federal exemptions. 11 U | kruptcy exemptions. 1 J.S.C. § 522(b)(2) | n if your spouse is filing with you. 1 U.S.C. § 522(b)(3) mpt, fill in the information below. | |
| | of the property and line on at lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Check only one box for each exemption. | |
| Brief | FURNITURE | \$ 950.00 | □s | Nev. Rev. Stat. Ann. |
| Line from | 6 | \$_000.00 | 100% of fair market value, up to any applicable statutory limit | §21.090(1)(b) |
| - | | | , -,, | |
| Brief description: - | TELEVISION | \$ <u>200.00</u> | _ 🗅 \$ | Nev. Rev. Stat. Ann. |
| Line from Schedule A/B: | 7 | | √1 100% of fair market value, up to any applicable statutory limit √1. √2 100% of fair market value, up to any applicable statutory limit √2 100% of fair market value, up to any applicable statutory limit √2 100% of fair market value, up to any applicable statutory limit √3 100% of fair market value, up to any applicable statutory limit √4 100% of fair market value, up to any applicable statutory limit √4 100% of fair market value, up to any applicable statutory limit √5 100% of fair market value, up to any applicable statutory limit √6 100% of fair market value, up to any applicable statutory limit √6 100% of fair market value, up to any applicable statutory limit √6 100% of fair market value v | §21.090(1)(b) |
| Brief description: | COLLECTIBLE | \$ 100.00 | □ \$ | Nev. Rev. Stat. Ann. |
| Line from | 3 | | 100% of fair market value, up to any applicable statutory limit | §21.090(1)(a) |
| A | | | _ | |
| | a homestead exemption of nent on 4/01/19 and every 3 y | | ? es filed on or after the date of adjustment. | . |
| No | nont on Front 19 and every 3 | rears after that for cas | es lieu on or alter the date of adjustment. |) |
| _ | cquire the property covered b | by the exemption within | n 1,215 days before you filed this case? | |
| □ No | | | y ville year mod and dado: | |

Debtor 1

DAYAN MOLINA-CARBALLO First Name Middle Name Last Name

| Case number | (if known) | | | | | |
|-------------|------------|--|--|--|--|--|
|-------------|------------|--|--|--|--|--|

| Par | ŧ. | 2: |
|-----|----|----|
|-----|----|----|

Additional Page

| | ion of the property and line 4/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
|----------------------------|--|--------------------------------------|--|-------------------------------------|
| | | Copy the value from Schedule A/B | Check only one box for each exemption | |
| Brief description: | CLOTHING | \$200.00 | <u> </u> | Nev. Rev. Stat. Ann. §21.090 (1)(b) |
| Line from Schedule A/B: | 11 | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | JEWELRY | \$ 100.00 | | Nev. Rev. Stat. Ann. §21.090 (1)(a) |
| Line from Schedule A/B: | 12 | | □ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | □ \$ □ 100% of fair market value, up to | |
| Line from Schedule A/B: | | | any applicable statutory limit | |
| Brief description: | | \$ | <u> </u> | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | <u> </u> | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | □ \$ | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | - \$ | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | <u> </u> | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | \$ | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |

| Debtor 2 (Spouse, if filing) First Name Midd | | | | |
|---|--|---|---|---|
| First Name Midd | | | | |
| (Spouse, if filing) First Name Midd | | | | |
| | | | | |
| | lle Name Last Name | | | |
| United States Bankruptcy Court for the: DISTRI | CT OF NEVADA | | | |
| Case number | | | ☐ Chack | if this is an |
| (If known) | | | | ed filing |
| | | | | Ū |
| Official Form 106D | | | | |
| Schodule D. Credite | ro Who Hove Claims Secur | nd by Dro | nortv | 40/45 |
| Schedule D: Credito | rs Who Have Claims Secure | ed by Pro | perty | 12/15 |
| information. If more space is needed, co additional pages, write your name and c Do any creditors have claims secured | by your property? brm to the court with your other schedules. You have nothi | and attach it to thi | s form. On the top of | |
| Part 1: List All Secured Claims | | | | |
| Zift H List All Secured Claims | | Column A | Column B | Column C |
| for each claim. If more than one creditor | more than one secured claim, list the creditor separately has a particular claim, list the other creditors in Part 2. phabetical order according to the creditor's name. | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion |
| 2.1 | Describe the property that secures the claim: | • | \$ | • |
| Creditor's Name | — Describe the property that secures the claim. | <u>•</u> | _ | <u> </u> |
| | | | | |
| Number Street | | j | | |
| | As of the date you file, the claim is: Check all that apply. | | | |
| | ─ U Contingent Unliquidated | | | |
| City State ZIP Code | Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | An agreement you made (such as mortgage or secured | | | |
| Debtor 2 only | car loan) | | | |
| Debtor 1 and Debtor 2 only | Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | ☐ Judgment lien from a lawsuit☐ Other (including a right to offset) | | | |
| ☐ Check if this claim relates to a | Other (including a right to onset) | • | | |
| community debt | | | | |
| Date debt was incurred | | seminants on early open in yes an equipped payor in progr | gg (8.40 m) o copperation made as a confidence of the initial order of 8.85 (6.40 m). | The and the other makes the analysis of the second |
| Creditor's Name | Describe the property that secures the claim: | \$ | \$ | |
| Circuitor & Harrie | | ************************************** | | |
| Number Street | _ | | | |
| | As of the date you file, the claim is: Check all that apply. | | | |
| | Contingent | | | |
| City State ZIP Code | Unliquidated Disputed | | | |
| Who owes the debt? Check one. | | | | |
| Debtor 1 only | Nature of lien. Check all that apply. | | | |
| Debtor 2 only | An agreement you made (such as mortgage or secured car loan) | | | |
| Debtor 1 and Debtor 2 only | Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a | Other (including a right to offset) | | | |
| community debt | | | | |

| | Fill in this in | formation to identify | vour case: | | | | | | |
|-----------------------------|--|--|---|--|---|---|---|---|--|
| F | | | | | | | | | |
| | Debtor 1 | DAYAN MOLINA-(| Middle Name | | Last Name | | | | |
| | Debtor 2 Spouse, if filing) | First Name | Middle Name | - | Last Name | _ | | | |
| 1 | | Bankruptcy Court for the: | | EVADA | | | | | |
| | Case number | | | | | | | | ck if this is an |
| | (If known) | | | | | | | ame | nded filing |
| <u>C</u> | official F | orm 106E/F | | | | | | | |
| S | chedu | ıle E/F: Cre | ditors W | Vho I | Have Uns | secured Clair | ns | | 12/15 |
| Li: A/ cr ne an | st the other B: Property editors with eded, copy y additiona | party to any executor (Official Form 106A/B partially secured clai | y contracts or u) and on Sched ms that are liste it out, number t me and case nu | inexpired lule G: Ex ed in Sch the entric mber (if | I leases that coul recutory Contract ledule D: Creditor les in the boxes of known). | RITY claims and Part 2 for divident in a claim. Also like and Unexpired Leases (is Who Have Claims Secured the left. Attach the Conti | st executory co Official Form 1 red by Property | ontracts on S 06G). Do not v. If more spa | <i>chedule</i> include any ce is |
| 1. | Do any cre | editors have priority u | nsecured claims | s agains | t you? | | | | |
| | ☑ No. Go | • • | | | • | | | | |
| 2. | each claim nonpriority unsecured | listed, identify what typ amounts. As much as p claims, fill out the Conti | e of claim it is. If possible, list the d nuation Page of | a claim h claims in a Part 1. If | as both priority and alphabetical order more than one cre | iority unsecured claim, list t d nonpriority amounts, list th according to the creditor's n ditor holds a particular clain | at claim here ar ame. If you have | nd show both p e more than tv | oriority and vo priority |
| | (For all exp | planation of each type o | i ciaim, see me ii | i isti uctioi | IS 101 UIIS 101111 III U | ie instruction bookiet.) | Total claim | Priority | Nonpriority |
| | ר | | | | | | | amount | amount |
| 2.1 | J | | | Last 4 | digits of account r | number | \$ | \$ | _ \$ |
| | Priority Cred | itor's Name | | When | was the debt incur | red? | | | |
| | Number | Street | | 454 | L. 4-6 | a alaine ia Charle all that and | | | |
| | | | | _ | • | e claim is: Check all that appl | /. | | |
| | City | State | ZIP Code | _ | ntingent | | | | |
| | Who incu | rred the debt? Check on | e. | | iquidated | | | | |
| | ☐ Debtor | 1 only | | U Dis | puted | | | | |
| | Debtor | 2 only | | Type | f PRIORITY unse | cured claim: | | | |
| | Debtor | 1 and Debtor 2 only | | _ | nestic support obliga | | | | |
| | _ | t one of the debtors and ar | other | | | debts you owe the government | | | |
| | ☐ Check | if this claim is for a co | mmunity debt | ☐ Cla | ims for death or pers | onal injury while you were | | | |
| | _ | m subject to offset? | | _ | xicated | | | | |
| | ☐ No☐ Yes | | | u Oth | er. Specify | | - | | |
| _ | Yes | | | | en jangan ong 111 200 kg/Militar (111 kg/Militar) | | | | |
| 2.2 | Priority Credi | tor's Name | | Last 4 | digits of account n | umber | \$ | \$ | _ \$ |
| | | | | When v | vas the debt incur | red? | | | |
| | Number | Street | | As of ti | he date you file, th | e claim is: Check all that apply | 1, | | |
| | | | | ☐ Cor | ntingent | | | | |
| | City | State | ZIP Code | | iquidated | | | | |
| | Who incu | rred the debt? Check one | э. | _ | outed | | | | |
| | Debtor | • | | Type | f PRIORITY unse | cured ciaim: | | | |
| | Debtor | • | | | nestic support obligat | | | | |
| | | 1 and Debtor 2 only | | | | debts you owe the government | | | |
| | At least | one of the debtors and an | other | _ | | | | | |
| | ☐ Check | if this claim is for a cor | mmunity debt | | ms for death or perso xicated | onal injury while you were | | | i |
| | _ | m subject to offset? | | Oth | er. Specify | | | | |
| | ☐ No | | | | | | | | |

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Debtor 1

|) | ŀ | ١ | • | ١ | 1 | ΆΙ | V | I | V | O | L | ı | ١ | l | Ą | -(| 3 | A | F | ₹E | 3/ | ١l | _L | .(| C | |
|---|---|---|---|---|---|----|---|---|---|---|---|---|---|---|---|----|---|---|---|----|----|----|----|----|---|--|
| | | | | | | | | | | | | | | | | | | | | | | | | | | |

| DAYAN MOLIN | IA-CARBALLO | Case number (# known) |
|-------------|-------------|-----------------------|
| | | |

| ter listing any entries on this page, number ther | n beginning with 2.3, followed by 2.4, and so forth. | Total claim | Priority amount | Nonpriority amount |
|---|--|--|---|---|
| | Last 4 digits of account number | \$ | _ \$ | _ \$ |
| Priority Creditor's Name | When was the debt incurred? | | | |
| Number Street | As of the date you file, the claim is: Check all that apply. | | | |
| | Contingent | | | |
| City State ZIP Code | ☐ Unliquidated | | | |
| Who incurred the debt? Check one. | ☐ Disputed | | | |
| Debtor 1 only | Type of PRIORITY unsecured claim: | | | |
| Debtor 2 only | ☐ Domestic support obligations | | | |
| Debtor 1 and Debtor 2 only | ☐ Taxes and certain other debts you owe the government | | | |
| At least one of the debtors and another | Claims for death or personal injury while you were | | | |
| ☐ Check if this claim is for a community debt | intoxicated | | | |
| Is the claim subject to offset? | Other. Specify | | | |
| □ No | | | | |
| Yes | | | | |
| | Last 4 digits of account number | \$ | \$ | _ \$ |
| Priority Creditor's Name | | | | |
| Number Steed | When was the debt incurred? | | | |
| Number Street | As of the date you file, the claim is: Check all that apply. | | | |
| | Contingent | | | |
| City State ZIP Code | _ | | | |
| State ZIP Code | ☐ Unliquidated☐ Disputed | | | |
| Who incurred the debt? Check one. | → Disputed | | | |
| Debtor 1 only | Type of PRIORITY unsecured claim: | | | |
| Debtor 2 only | ☐ Domestic support obligations | | | |
| Debtor 1 and Debtor 2 only | ☐ Taxes and certain other debts you owe the government | | | |
| ☐ At least one of the debtors and another | Claims for death or personal injury while you were | | | |
| ☐ Check if this claim is for a community debt | intoxicated Other. Specify | | | |
| Is the claim subject to offset? | Other: Specify | | | |
| □ No | | | | |
| Yes | | | | |
| | Last 4 digits of account number | \$ | \$ | \$ |
| Priority Creditor's Name | | | | |
| Number Street | When was the debt incurred? | | | |
| | As of the date you file, the claim is: Check all that apply. | | | |
| | ☐ Contingent | | | |
| City State ZIP Code | Unliquidated | | | |
| | Disputed | | | |
| Who incurred the debt? Check one. | | | | |
| Debtor 1 only | Type of PRIORITY unsecured claim: | | | |
| Debtor 2 only | ☐ Domestic support obligations | | | |
| Debtor 1 and Debtor 2 only | Taxes and certain other debts you owe the government | | | |
| At least one of the debtors and another | Claims for death or personal injury while you were | | | |
| ☐ Check if this claim is for a community debt | intoxicated Other. Specify | erier der Stein unwestere werte der er en entwettigden bezon in den er | дат в госкоториям по заменью макадами сь и | and a series of the series of |
| s the claim subject to offset? | | | | |
| □ No | | | | |
| Yes | | | | |

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Debtor 1

| DAYAN MO | DLINA-CARE | BALLO | Case number (if known | 1 |
|------------|-------------|-----------|-----------------------|---|
| First Name | Middle Name | Last Name | | |

| Pa | rt 2: List All of Your NONPRIO | RITY Uns | ecured Claims | s | | |
|----|---|-------------------------------|----------------------|--|--------------|------------|
| 3. | Do any creditors have nonpriority un | | | | | |
| 4. | nonpriority unsecured claim, list the cre | ditor separa ditor holds a | itely for each clair | order of the creditor who holds each claim. If a creditor has m. For each claim listed, identify what type of claim it is. Do no list the other creditors in Part 3.If you have more than three no | t list clain | ns already |
| | - Common of the | uit Z. | | | Totai | ciaim |
| .1 | CAPITAL MANAGEMENT SE Nonpriority Creditor's Name | RVICES, | LP | Last 4 digits of account number | \$ | 527.00 |
| | 698 1/2 S OGDEN STREET Number Street | | | When was the debt incurred? | | |
| | BUFFALO City | NY State | 14206 | As of the date you file, the claim is: Check all that apply. | | |
| | Who Incurred the debt? Check one. | State | ZIF Code | Contingent Unliquidated | | |
| | Debtor 2 only | | | Disputed | | |
| | Debtor 1 and Debtor 2 only At least one of the debtors and another | | | Type of NONPRIORITY unsecured claim: Student loans | | |
| | ☐ Check if this claim is for a commu | nity debt | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | Is the claim subject to offset? ☑ No ☐ Yes | | | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify COLLECTIONS | ; | |
| 2 | RADIUS GLOBAL SOLUTION Nonpriority Creditor's Name PO BOX 390846 | SLLC | | Last 4 digits of account number | \$ | 472.17 |
| | Number Street MINNEAPOLIS | MN | 55439 | As of the date you file, the claim is: Check all that apply. | | |
| | City Who incurred the debt? Check one. ✓ Debtor 1 only | State | ZIP Code | Contingent Unliquidated Disputed | | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| | ☐ At least one of the debtors and another☐ Check if this claim is for a commun | ilty de b t | | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | Is the claim subject to offset? ☑ No □ Yes | | | Debts to pension or profit-sharing plans, and other similar debts Other. Specify COLLECTIONS | | |
| | FINANCIAL RECOVERY SER | VICES, IN | 1C | Last 4 digits of account number | | 601.19 |
| | PO BOX 385908 Number Street | | | When was the debt incurred? | 3 | |
| | MINNEAPOLIS | MN State | 55438 ZIP Code | As of the date you file, the claim is: Check all that apply. | | |
| | Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only | | | ☐ Contingent☐ Unliquidated☐ Disputed☐ | | |
| | Debtor 1 and Debtor 2 only At least one of the debtors and another | | | Type of NONPRIORITY unsecured claim: | | |
| | Check if this claim is for a commun | ity debt | | Student loans Obligations arising out of a separation agreement or divorce | | |
| | Is the claim subject to offset? ✓ No ✓ Yes | | | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify <u>COLLECTIONS</u> | | |

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Debtor 1

DAYAN MOLINA-CARBALLO First Name Middle Name Last N

Last Name

Case number (if known)_

| Part 2: | | | |
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| After | listing any entries on this page, nur | mber then | n beginning witi | th 4.4, follo | owed by 4.5, and so forth. | Total claim |
|-------|---|--|--|--|--|-------------------------|
| 4.4 | CLIENT SERVICES | | | Las | st 4 digits of account number | \$_2,526.90 |
| | Nonpriority Creditor's Name | | | — Wh | en was the debt incurred? | |
| _ | 3451 HARRY S TRUMAN BLV Number Street | ַ <u>ט</u> | | _ | | |
| | SAINT CHARLES | МО | 63301 | | of the date you file, the claim is: Check all that apply. | |
| 7 | City | State | ZIP Code | | Contingent | |
| ١ | Who incurred the debt? Check one. | | | | Unliquidated Disputed | |
| Ţ | ☑ Debtor 1 only | | | _ | Disputed | |
| Į | Debtor 2 only | | | Тур | e of NONPRIORITY unsecured claim: | |
| _ | Debtor 1 and Debtor 2 only | | | | Student loans | |
| Ĺ | At least one of the debtors and another | | | | Obligations arising out of a separation agreement or divorce that | |
| Ĺ | ☐ Check if this claim is for a communi | ity debt | | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| · · | s the claim subject to offset? | | | | Other. Specify COLLECTIONS | |
| 5 | ⊿ No | | | | | |
| C | Yes | | | | | |
| .5 | ERC | nggan yang menenggan di dipang di menganggan mengangan di dipang di dipang di dipang di dipang di dipang di di | ata yangan ngaginari ye usoon qarate soon angang oranga iga bahiistada | Las | t 4 digits of account number | \$ 1,2 <u>5</u> 2.98 |
| | Ionpriority Creditor's Name | | | _ | | |
| F | PO BOX 23870 | | | Wh | en was the debt incurred? | |
| | lumber Street | | 20044 | — As | of the date you file, the claim is: Check all that apply. | |
| - | | FL_ | 32241 ZIP Code | | Contingent | |
| C | niy . | J.a.u | 2.1 0000 | | Unliquidated | |
| ٧ | Vho incurred the debt? Check one. | | | _ | Disputed | |
| | Debtor 1 only | | | | | |
| | Debtor 2 only | | | | e of NONPRIORITY unsecured claim: | |
| _ | Debtor 1 and Debtor 2 only At least one of the debtors and another | | | | Student loans | |
| | | | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| L | Check if this claim is for a communi | ity debt | | | Debts to pension or profit-sharing plans, and other similar debts | |
| | s the claim subject to offset? | | | Ø | Other Specify COLLECTIONS | |
| _ | ☑ No ☑ Yes | | | | | |
| .6 | | agan agan an agan agan man si sa | renovember die für eine einstelle recht die einstelle von | art in the Olivers of Helice Mi nestee of | to digita of non-continuous and analysis analysis and analysis and analysis and analysis and analysis and analysis and ana | _{\$_} 1,764.93 |
| | MIDLAND CREDIT MANAGEM lonpriority Creditor's Name | IENT | | Las | t 4 digits of account number | |
| 2 | 2365 NORTHSIDE DR STE 300 | 0 | | Whe | en was the debt incurred? | |
| | lumber Street SAN DIEGO | CA | 92108 | As | of the date you file, the claim is: Check all that apply. | |
| | | State | ZIP Code | | Contingent | |
| 14 | Vho incurred the debt? Check one. | | | | Unliquidated | |
| - | Debtor 1 only | | | u | Disputed | |
| | Debtor 2 only | | | Tvo | e of NONPRIORITY unsecured claim: | |
| Ī | Debtor 1 and Debtor 2 only | | | | Student loans | |
| | At least one of the debtors and another | | | _ | Student loans Obligations arising out of a separation agreement or divorce that | |
| | Check if this claim is for a communit | ty debt | | _ : | you did not report as priority claims | |
| | the claim subject to offset? | - | | | Debts to pension or profit-sharing plans, and other similar debts Other. Specify COLLECTIONS | |
| | No | | | 4 | Outer, Specify OOLLEO HONG | |
| | Yes | | | | | |

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Debtor 1

| D | A | Y | 18 | 1 | М | OL | AI. | IA- | CA | ١R | ΒÆ | ٩L | LO | |
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| irst Name | Middle Name | Last Name |

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|-----------|---|---|--|--|--|
| 4.7 | MIDLAND FUNDING LLC | | | Last 4 digits of account number | \$ <u>799.43</u> |
| | Nonpriority Creditor's Name 2365 NORTHSIDE DR STE | 300 | | When was the debt incurred? | |
| | Number Street SAN DIEGO | CA | 92108 | As of the date you file, the claim is: Check all that apply. | |
| | City | State | ZIP Code | Contingent | |
| | · | | | ☐ Unliquidated | |
| | Who incurred the debt? Check one. | | | ☐ Disputed | |
| | Debtor 1 only Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | | | _ | |
| | ☐ At least one of the debtors and anoth | ner | | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that | |
| | ☐ Check if this claim is for a comm | nunity dobt | | you did not report as priority claims | |
| | | numity debt | | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? ✓ No ☐ Yes | | | Other Specify COLLECTIONS | |
| .8 | | kwing soungkyung or an debund engine nt <i>an deb</i> ugen | energigis energianari en biologistikas pelakut pelakut parti ken pelakut pelakut pelakut pelakut pel | | -метестания напані і тепенераміська теп. «(-) гіт теп праводні |
| .0] | MERCHANTS PREFERRED | SERVIC | ES | Last 4 digits of account number | \$ 1,622.25 |
| | Nonpriority Creditor's Name | DIZMOZ C | TE 050 | When was the debt incurred? | |
| | 5500 INTERSTATE NORTH | PKWYS | 1E 350 | | |
| | ATLANTA | GA | 30328 | As of the date you file, the claim is: Check all that apply. | |
| | City | State | ZIP Code | Contingent | |
| | Who incurred the debt? Check one. | | | Unliquidated | |
| | Debtor 1 only | | | ☐ Disputed | |
| | Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | | | ☐ Student loans | |
| | At least one of the debtors and anoth | er | | Obligations arising out of a separation agreement or divorce that | |
| | ☐ Check if this claim is for a comm | unity debt | | you did not report as priority claims | |
| | Is the claim subject to offset? | • | | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify COLLECTIONS | |
| | ☑ No | | | Other Specify COLLECTIONS | |
| - | Yes | llion, -; persong yelphos hi safehi u naamai m ee aa, mis a a | ellippiniminensis, och skalighter mense sterlike filtssämm, är e | т потватите по с систем при при с с с староснительного изверение на применение | gendalet virtupelister in johilipelistellinen van virtulistellistellistellistellistellistellistellistellistell |
| 9] | WELTMAN, WEINBERG & F | REIS CO | ΙΡΑ | Last 4 digits of account number | \$ 18,265. 3 |
| | Nonpriority Creditor's Name | LIO OO., | LIA | - | |
| | PO BOX 93784 | | | When was the debt incurred? | |
| | Number Street CLEVELAND | ОН | 44101 | As of the date you file, the claim is: Check all that apply. | |
| | City | State | ZIP Code | Contingent | |
| , | Who incurred the debt? Check one. | | | Unliquidated | |
| | Debtor 1 only | | | ☐ Disputed | |
| | Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | | | ☐ Student loans | |
| | At least one of the debtors and anothe | er | | Obligations arising out of a separation agreement or divorce that | |
| | Check if this claim is for a comm | unity debt | | you did not report as priority claims | |
| | Is the claim subject to offset? | = | | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify COLLECTIONS | |
| | ☑ No | | | Grier, Specify COLLEGITORS | |
| | ☐ Yes | | | | |

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Debtor 1

DAYAN MOLINA-CARBALLO

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| rst Name | Middle Name | Last Nam |

Case number (if known)___

| Part 2: | | |
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| Afte | er listing any entries on this p | page, number the | em beginning wit | th 4.4, followed by 4.5, and so forth. | Total claim |
|------|--|------------------|--|--|--------------------|
| 5.0 | RECEIVABLES PERFO | ORMANCE | | Last 4 digits of account number | s 3,498.00 |
| | Nonpriority Creditor's Name | | | When we the debt income 42 | <u> -,</u> |
| | 20818 44TH AVE W ST | ΓE 140 | | When was the debt incurred? | |
| | Number Street LYNNWOOD | WA | 98036 | As of the date you file, the claim is: Check all that apply. | |
| | City | State | ZIP Code | Contingent | |
| | Who incurred the debt? Check | r One | | Unliquidated | |
| | Debtor 1 only | Colle. | | ☐ Disputed | |
| | Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | | | ☐ Student loans | |
| | At least one of the debtors and | d another | | Obligations arising out of a separation agreement or divorce that | |
| | ☐ Check if this claim is for a | community debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| | is the claim subject to offset? | • | | Other, Specify COLLECTIONS | |
| | ☑ No | | | | |
| | Yes | | | | |
| 5.1 | SOURCE RECEIVABLE | ES MANAGEN | AFNT | Last 4 digits of account number | <u>\$ 2,725.00</u> |
| | Nonpriority Creditor's Name | LO MANAGEN | ILIVI | | |
| | PO BOX 4068 | | _ | When was the debt incurred? | |
| | Number Street | NC | 27404 | As of the date you file, the claim is: Check all that apply. | |
| | GREENSBORO | State | ZIP Code | Contingent | |
| | · | | | ☐ Unliquidated | |
| | Who incurred the debt? Check | cone. | | ☐ Disputed | |
| | Debtor 1 only | | | Turns of NONDRIGRITY unacquired claim: | |
| | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| | At least one of the debtors and | d another | | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that | |
| | ☐ Check if this claim is for a | community debt | | you did not report as priority claims | |
| | | - | | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other, Specify COLLECTIONS | |
| | Is the claim subject to offset? | | | Other. Specify COLLECTIONS | |
| | Yes | | | | |
| 5.2 | MIDLAND FUNDING LL | C | er der eine der eine Verlagen von der eine verleite der eine Verlagen von der der eine Verlagen von der der de | Last 4 digits of account number | \$ 697.00 |
| | Nonpriority Creditor's Name | | - | | |
| | 2365 NORTHSIDE DR | STE 300 | | When was the debt incurred? | |
| | SAN DIEGO | CA | 92108 | As of the date you file, the claim is: Check all that apply. | |
| | City | State | ZIP Code | Contingent | |
| | Who incurred the debt? Check | one. | | ☐ Unliquidated ☐ Disputed | |
| | Debtor 1 only | | | ☐ Disputed | |
| | Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | | | ☐ Student loans | |
| | At least one of the debtors and | l another | | Obligations arising out of a separation agreement or divorce that | |
| | lacksquare Check if this claim is for a | community debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | | | Other. Specify COLLECTIONS | |
| | ☑ No | | | - | |
| | ☐ Yes | | | | |

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Debtor 1

DAYAN MOLINA-CARBALLO

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| | | |
| irst Name | Middle Name | Last Name |

Case number (if known)_____

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| - CHA 74 | 1 | 4 | 4.4 | |

| After listing any entries on this | page, number th | em beginning wit | th 4.4, followed by 4.5, and so forth. | Total claim |
|---|---|--|--|-------------|
| 5.3 MIDLAND FUNDING L | LC | | Last 4 digits of account number | \$ 816.00 |
| Nonpriority Creditor's Name 2365 NORTHSIDE DR | STE 300 | | When was the debt incurred? | |
| Number Street | | 02400 | As of the date you file, the claim is: Check all that apply. | |
| SAN DIEGO City | CA | 92108 ZIP Code | ☐ Contingent | |
| , | | | ☐ Unliquidated | |
| Who incurred the debt? Chec | k one. | | ☐ Disputed | |
| Debtor 1 only | | | Type of NONDRIORITY upaceured claim: | |
| Debtor 2 only Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| At least one of the debtors an | d another | | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that | |
| ☐ Check if this claim is for a | community debt | | you did not report as priority claims | |
| | • | | Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? No | • | | Other. Specify COLLECTIONS | |
| Yes | | | | |
| CURAÇÃO | журдун өтөө төв төр төрөө торгой оргон оргон Оргон оргон орг | and the state of t | Last 4 digits of account number | s 1,485.00 |
| Nonpriority Creditor's Name | | , , | — When was the debt incurred? | |
| 1605 W OLYMPIC BLV | <u>'D</u> | | - When was the dept medited. | |
| Number Street LOS ANGELES | CA | 90015 | As of the date you file, the claim is: Check all that apply. | |
| City | State | ZIP Code | Contingent | |
| Who incurred the debt? Check | cone | | Unliquidated | |
| Debtor 1 only | COIIC. | | ☐ Disputed | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | | Student loans | |
| At least one of the debtors and | d another | | Obligations arising out of a separation agreement or divorce that | |
| Check if this claim is for a | community debt | | you did not report as priority claims | |
| Is the claim subject to offset? | • | | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify SALES CONTRACT | |
| ☑ No | | | - outsit opening of the opening of t | |
| Yes | | | | |
| 5.5 | eerige varege stampt over stamp var | der der der von der versche der von der versche der der vergelen in der | | \$ 1,313.00 |
| DUVERA | | | Last 4 digits of account number | |
| Nonpriority Creditor's Name 1910 PALOMAR PONT | WAY STE 10 | 1 | When was the debt incurred? | |
| Number Street CARLSBAD | CA | 92008 | As of the date you file, the claim is: Check all that apply. | |
| City | State | ZIP Code | Contingent | |
| Nether improved the debte Object | | | Unliquidated | |
| Who incurred the debt? Check | one. | | ☐ Disputed | |
| ✓ Debtor 1 only✓ Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | | Student loans | |
| At least one of the debtors and | i another | | Obligations arising out of a separation agreement or divorce that | |
| ☐ Check if this claim is for a | community debt | | you did not report as priority claims | |
| Is the claim subject to offset? | • | | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify_SALES CONTRACT | |
| No | | | other. Specify SALES CUNTRACT | |
| Yes | | | | |

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Debtor 1

DAYAN MOLINA-CARBALLO First Name Middle Name Last N

Case number (if known)___

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| Aft | er listing any entries on this page, n | umber th | em beginning wit | th 4.4, followed by 4.5, and so forth. | To | otal claim |
|-----|---|---|---|---|----|--|
| 5.6 | SYNCB/JCPENNEY | | | Last 4 digits of account number | \$ | 832.00 |
| | Nonpriority Creditor's Name PO BOX 965007 | | | When was the debt incurred? | | |
| | Number Street ORLANDO | FL | 32896 | As of the date you file, the claim is: Check all that apply. | | |
| | City | State | ZIP Code | Contingent | | |
| | Who incurred the debt? Check one. | | | Unliquidated | | |
| | Debtor 1 only | | | ☐ Disputed | | |
| | Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| | Debtor 1 and Debtor 2 only | | | ☐ Student loans | | |
| | At least one of the debtors and anothe | er | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | ☐ Check if this claim is for a commi | unity debt | | Debts to pension or profit-sharing plans, and other similar debts | | |
| | Is the claim subject to offset? | | | Other Specify CREDIT CARD | | |
| | ☑ No | | | | | |
| | Yes | | | | | enne ing |
| 5.7 | MONEY TREE | | | Last 4 digits of account number | \$ | 150.00 |
| | Nonpriority Creditor's Name | | | — National control day of the discourse 42 | | |
| | 250 N NELLIS BLVD | _ | | When was the debt incurred? | | |
| | Number Street LAS VEGAS | NV | 89110 | As of the date you file, the claim is: Check all that apply. | | |
| | City | State | ZIP Code | Contingent | | |
| | Who incurred the debt? Check one. | | | Unliquidated | | |
| | Debtor 1 only | | | ☐ Disputed | | |
| | Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| | Debtor 1 and Debtor 2 only | | | ☐ Student loans | | |
| | At least one of the debtors and another | Г | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | ☐ Check if this claim is for a commu | unity debt | | Debts to pension or profit-sharing plans, and other similar debts | | |
| | Is the claim subject to offset? | | | Other. Specify PAY DAY LOAN | | |
| | √ No ☐ Yes | | | | | |
| 5.8 | | alender 18,325 v. 73 v. 10 v. 75 v. 45 alen 8,44 v. 75 v. | aaganaassa in marintah antah oo minka angada minka sa | TO THE DISCUSSION OF THE CONTROL OF | \$ | 450.00 |
| | CHECK CITY | _ | | Last 4 digits of account number | | |
| | Nonpriority Creditor's Name PO BOX 35227 | | | When was the debt incurred? | | |
| | Number Street | | | An of the slate way file the plains in Obselve Willed and | | |
| | LAS VEGAS | NV | 89133 | As of the date you file, the claim is: Check all that apply. | | |
| | City | State | ZIP Code | ☐ Contingent☐ Unliquidated | | |
| | Who incurred the debt? Check one. | | | Disputed | | |
| | Debtor 1 only | | | | | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| | At least one of the debtors and another | - | | Student loans | | |
| | ☐ Check if this claim is for a commu | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | Is the claim subject to offset? | mity debt | | Debts to pension or profit-sharing plans, and other similar debts | | |
| | No | | | Other. Specify PAY DAY LOAN | | |
| | Yes | | | | | |

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Debtor 1

DAYAN MOLINA-CARBALLO

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Case number (if known)_

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| r listing any entries on this pa | age, number th | em beginning wit | th 4.4, followed by 4.5, and so forth. | Total cla |
|--------------------------------------|--|---|--|---|
| PLANTATION PLACE A | PARTMENT | S | Last 4 digits of account number | s 8,200 |
| Noripriority Creditor's Name | ANTIVICIAL | | | \$_0,20 |
| 7900 BELLAIRE RD | | | When was the debt incurred? | |
| Number Street HOUSTON | TX | 77036 | As of the date you file, the claim is: Check all that apply. | |
| City | State | ZIP Code | Contingent | |
| Who incurred the debt? Check of | one | | Unliquidated | |
| Debtor 1 only | | | ☐ Disputed | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | | □ Student loans | |
| At least one of the debtors and | another | | Obligations arising out of a separation agreement or divorce that | |
| Check if this claim is for a c | | | you did not report as priority claims | |
| | ommunity debt | | Debts to pension or profit-sharing plans, and other similar debts | |
| s the claim subject to offset? | | | Other Specify APARTMENT LEASE | |
| ☑ No ☑ Yes | | | | |
| STATE FARM | geologica para, escretario sopra d'Estra (Estra), Sirvi ciòn variette alcico relig | alaun ka ayangga sentistan dipada er, sengal ayangga bisan ter | Last 4 digits of account number | s_7,200 |
| Nonpriority Creditor's Name | | | When was the debt incurred? | |
| ONE STATE FARM PLA | ZA | | | |
| Number Street BLOOMINGTON | IL | 61710 | As of the date you file, the claim is: Check all that apply. | |
| DILUCIVIING I UN | State | ZIP Code | Contingent | |
| • | | · - | Unliquidated | |
| Who incurred the debt? Check o | one. | | ☐ Disputed | |
| ☑ Debtor 1 only | | | | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | | ☐ Student loans | |
| At least one of the debtors and a | another | | Obligations arising out of a separation agreement or divorce that | |
| Check if this claim is for a c | ommunity debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| s the claim subject to offset? | | | Other. Specify INS CONTRACT | |
| ⊿ No | | | - Other Opening 1110 Cartetion | |
| ⊒ Yes | anti Kangara, dana, nyawangan dipinike sebenahan periodi na sebenahan | nganakan jajan dari sa sasan hakan sayatan jayan yang sa angangan kanjar sahah sayat sa | | ingo hijari han si han giriya qala siga sigasiga sangin millanci. |
| WELLS FARGO | | | Last 4 digits of account number | _{\$250} |
| Ionpriority Creditor's Name | | | When was the debt incurred? | |
| 420 MONTGOMERY ST | | | As of the date you file the claim is: Check all that park | |
| SAN FRANCISCO | CA | 94104 | As of the date you file, the claim is: Check all that apply. | |
| City | State | ZIP Code | ☐ Contingent | |
| Vho incurred the debt? Check o | ne. | | ☐ Unliquidated☐ Disputed | |
| Debtor 1 only | | | □ Disputed | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | | ☐ Student loans | |
| At least one of the debtors and a | nother | | Obligations arising out of a separation agreement or divorce that | |
| Check if this claim is for a co | ommunity debt | | you did not report as priority claims | |
| | | | Debts to pension or profit-sharing plans, and other similar debts | |
| s the claim subject to offset? 1 No | | | Other. Specify BANK ACCT | |
| ☑ No ☑ Yes | | | | |

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Debtor 1

DAYAN MOLINA-CARBALLO

| AIAH | MOFIIAV-CV | NUMELO |
|-----------|-------------|-----------|
| irst Name | Middle Name | Last Name |

| (| Case number | (if known) | | |
|---|-------------|------------|--|--|
| | | | | |

Part 3:

List Others to Be Notified About a Debt That You Already Listed

| 5. | Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the | | | | |
|----|--|--|--|--|--|
| | BANK OF AMERICA NA | I persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. On which entry in Part 1 or Part 2 did you list the original creditor? | | | |
| | PO BOX 982238 Number Street | Line 4.1 of (Check one): Part 1: Creditors with Priority Unsecured Claim Part 2: Creditors with Nonpriority Unsecured Claim | | | |

| PU BUX 902230 | | | Line 4.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims |
|---------------------|--|--|--|
| Number Street | | .,, | Part 2: Creditors with Nonpriority Unsecured Claim |
| EL PASO | TX | 79998 | Last 4 digits of account number |
| City | State | ZIP Code | |
| CAPITAL ONE BANK | USA | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| PO BOX 30281 | | | Line 4.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Part 2: Creditors with Nonpriority Unsecured Claims |
| SALT LAKE CITY | UT State | 84130 ZIP Code | Last 4 digits of account number |
| TD BANK USA/TARGE | ET | en kalandar turti di laggi etteratur anameninen et e kantador anagan sena e sa e e | On which entry in Part 1 or Part 2 did you list the original creditor? |
| PO BOX 1470 | | | Line 4.3 of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| MINNEAPOLIS | MN | 55440 | Last 4 digits of account number |
| BEST BUY/CITIBANK | State NA | ZIP Code | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name PO BOX 6497 | | | Line 4.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| SIOUX FALLS | SD State | 57117 | Last 4 digits of account number |
| A | State | ZIP Code | |
| AT&T Name | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| PO BOX 537104 | | | Lirre 4.5 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| ATLANTA City | GA State | 30353 ZIP Code | Last 4 digits of account number |
| SYNCB/HOME DESIG | entropies her metter her terminen for trades differ his freihricht seiten. | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | | The state of the s |
| PO BOX 965001 | | | Line 4.6 of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | | ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| ORLANDO City | FL State | 32896 ZIP Code | Last 4 digits of account number |
| SYNCB/WAL-MART | 2(916 | AIT CODE | |
| Name | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| PO BOX 965024 | | | Line 4.7 of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured |
| ORLANDO | FL | 32896 | Claims |
| City | State | ZIP Code | Last 4 digits of account number |

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Debtor 1

| MIM | N MOLINA-CAP | NOALLO |
|------------|--------------|-----------|
| First Name | Middle Name | Last Name |

| example, if a collection agency 2, then list the collection agen | y is trying to cy here. Sim | o collect from y nilarly, if you hav | t your bankruptcy, for a debt that you already listed in Parts 1 or 2. For ou for a debt you owe to someone else, list the original creditor in Parts 1 or we more than one creditor for any of the debts that you listed in Parts 1 or 2, list the cons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. |
|---|--|--|---|
| HOTAI FURNITURE | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name 4681 SRPING MOUNTA | IN PD | | Line 4.8 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims |
| Number Street | WIN IND | | Part 2: Creditors with Nonpriority Unsecured Claims |
| | | | |
| LAS VEGAS | NV | 89102 | Last 4 digits of account number |
| City | State | ZIP Code | |
| AMERICAN HONDA FIN | IANCE CO | ORP | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | | Line 4.9 of (Chapteons): Dept. 1: Creditors with Driesity Unecoured Claims |
| PO BOX 60001 Number Street | | | Line 4.9 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured |
| | | | Claims |
| CITY OF INDUSTRY | CA | 91716 | Look & divide of account country |
| City | State | ZIP Code | Last 4 digits of account number |
| TMOBILE | alite (i a men) — mengmen ja alaga ajang mengelahan | rifer i izzenijata sijete meneni i nestru njeden interpretativativa i istori | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | | |
| PO BOX 742596 | | | Line <u>5.0</u> of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured |
| | | | Claims |
| CINCINNATI | ОН | 45274 | Last 4 digits of account number |
| City | State | ZIP Code | |
| SPRINT lame | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| | | | Line 5.1 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims |
| PO BOX 4191 Number Street | | | Part 2: Creditors with Nonpriority Unsecured |
| | | | Claims |
| CAROL STREAM | IL | 60197 | |
| CAROL STREAM | State | ZIP Code | Last 4 digits of account number |
| CREDIT ONE BANK | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Vame | | | on which entry in rait for Fait 2 did you list the original creditors |
| PO BOX 98872 | | | Line <u>5.2</u> of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured |
| | | | Claims |
| LAS VEGAS | NV | 89193 | Last 4 digits of account number |
| City partitudes and the control of t | State | ZIP Code | |
| SYNCB/SAMS | · | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | | Line <u>5.3</u> of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims |
| PO BOX 965005 | | | Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured |
| | | | Claims |
| ORLANDO | FL | 32896 | Last 4 digits of account number |
| City generalization and control of the control of t | State | ZIP Code | |
| - | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| lame | | | - |

City

Number

Last 4 digits of account number _

Claims

State

ZIP Code

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured

Debtor 1

DAYAN MOLINA-CARBALLO

First Name Middle Name Last

Case number (if known)_

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

| | | | Total claim | |
|--------------|---|--------------|-------------|-----------|
| Total claims | 6a. Domestic support obligations | 6a. | \$ | 0.00 |
| from Part 1 | 6b. Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. | + \$ | 0.00 |
| | 6e. Total. Add lines 6a through 6d. | 6 e . | \$ | 0.00 |
| | | | Total claim | |
| Total claims | 6f. Student loans | 6f. | \$ | 0.00 |
| from Part 2 | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | + \$ | 55,447.98 |
| | 6j. Total. Add lines 6f through 6i. | 6j. | \$ | 55,447.98 |

| | DAYAN MOLIN | | BALLO | | | | |
|--|-------------------------|-------------|--------------------|----------------------|---|-------------------------|--------------------|
| Debtor | First Name | | dle Name | Last Name | | | |
| Debtor 2 (Spouse If filing) | First Name | Midd | dle Name | Last Name | | | |
| United States | Bankruptcy Court for th | ne: DISTRI | ICT OF NEVAD |)A | | | |
| Case number | | | | | | | Check if this is a |
| (II KHOWII) | | | | | | | amended filing |
| Official I | Form 106G | | | | | | |
| | | - ecuto | ory Con | tracts and | l Unexpired Le | eases | 12/15 |
| | | | | | ogether, both are equally res umber the entries, and attacl | | |
| | ges, write your nan | | | | umber the entities, and attack | n it to this page. On a | ie top of uny |
| 1. Doyou i | ave any executory | contracts | s or unexpired | leases? | | | |
| ₩ No. C | heck this box and fil | e this form | n with the court | with your other sche | dules. You have nothing else to | · | Λ /D\ |
| | | | | | e listed on Schedule A/B: Prop | | |
| example | rent, vehicle lease | | | | ract or lease. Then state wha m in the instruction booklet for | | |
| unexpired | l leases. | | | | | | |
| | | | | | | | |
| Porcon o | r company with wh | nom vou t | have the contr | act or lease | State what the cont | tract or loase is for | |
| Person o | r company with wh | nom you t | have the contra | act or lease | State what the cont | tract or lease is for | |
| .1 | r company with wh | nom you f | have the contra | act or lease | State what the cont | tract or lease is for | |
| | r company with wh | nom you t | have the contra | act or lease | State what the cont | tract or lease is for | |
| .1 | r company with wh | nom you t | have the contra | act or lease | State what the conf | tract or lease is for | |
| .1 Name | | nom you h | have the contra | act or lease | State what the conf - - | tract or lease is for | |
| Name Number City | | | | act or lease | State what the cont | tract or lease is for | |
| Name Number | | | | act or lease | State what the conf | tract or lease is for | |
| Name Number City | | | | act or lease | State what the conf | tract or lease is for | |
| Name Number City Name | Street | | | act or lease | State what the conf | tract or lease is for | |
| Name Number City Name Number City | Street | State | ZIP Code | act or lease | State what the conf | tract or lease is for | |
| Name Number City Name Number City | Street | State | ZIP Code | act or lease | State what the conf | tract or lease is for | |
| Name Number City Name Number City Otty City Otty Otty | Street | State | ZIP Code | act or lease | State what the conf | tract or lease is for | |
| Name Number City Name Number City Name Number City Name | Street | State | ZIP Code | act or lease | State what the conf | tract or lease is for | |
| Name Number City 2 Name Number City 3 Name Number | Street | State | ZIP Code | act or lease | State what the conf | tract or lease is for | |
| Name Number City Name Number City Name Number City Name Number City | Street | State | ZIP Code | act or lease | State what the conf | tract or lease is for | |
| Name Number City Name Number City Name Number City Name Number City A | Street | State | ZIP Code | act or lease | State what the conf | tract or lease is for | |
| Name Number City Name Number City Name Number City Name Number City Name Number | Street | State | ZIP Code | act or lease | State what the conf | tract or lease is for | |
| Name Number City Name Number City Name Number City Name Number Number Number Number | Street | State | ZIP Code ZIP Code | act or lease | State what the conf | tract or lease is for | |

State

ZIP Code

City

| | | | _ |
|------------------------------|--|--|---|
| Filli | n this information to identify your case: | | |
| Debt | or 1 DAYAN MOLINA-CARBALLO | | |
| <u> </u> | First Name Middle Name | Last Name | - |
| Debte (Spou | or 2 se, if filing) First Name Middle Name | Last Name | |
| Unite | d States Bankruptcy Court for the: DISTRICT OF NEVAD | A | |
| Case | number | | |
| (If kn | | | ☐ Check if this is an |
| | | | amended filing |
| Offi | cial Form 106H | | |
| Scl | nedule H: Your Codebtors | ; | 12/15 |
| are fili and no case r | ng together, both are equally responsible for supp | olying correct information he Additional Page to this | Be as complete and accurate as possible. If two married people . If more space is needed, copy the Additional Page, fill it out, spage. On the top of any Additional Pages, write your name and |
| | No | aso, do not not cities spous | is as a codesitor. |
| 5 | Yes | | |
| | <mark>/ithin the last 8 years, have you lived in a commun</mark> rizona, California, Idaho, Louisiana, Nevada, New Me | | ory? (Community property states and territories include Vashington, and Wisconsin.) |
| | No. Go to line 3. | | |
| . [| Yes. Did your spouse, former spouse, or legal equiv | valent live with you at the tir | me? |
| | No | P 0 | Fill to the consequence of the bosons |
| | Yes. In which community state or territory did yo | ou live? | Fill in the name and current address of that person. |
| | | | _ |
| | Name of your spouse, former spouse, or legal equivalent | | |
| | Number Street | | |
| | | | _ |
| | City State | ZIP Code | |
| si S | nown In line 2 again as a codebtor only if that pers chedule D (Official Form 106D), Schedule E/F (Offi chedule E/F, or Schedule G to fill out Column 2. | son is a guarantor or cosig | edule G (Official Form 106G). Use Schedule D, |
| (| Column 1: Your codebtor | | Column 2: The creditor to whom you owe the debt |
| | | | Check all schedules that apply: |
| 3.1 | | | Schedule D, line |
| | Name | | ☐ Schedule E/F, line |
| | Number Street | | ☐ Schedule G, lirre |
| | City State | ZIP Code | |
| 3.2 | | _, •, | · |
| LJ | Name | | Schedule D, line |
| | Number Street | | Schedule E/F, line |
| | Number Steet | | Schedule G, line |
| | City State | ZIP Code | |
| 3.3 | | | Schedule D, line |
| | Name | | ☐ Schedule E/F, line |
| | Number Street | | ☐ Schedule G, line |
| | City State | ZIP Code | |

Official Form 106H

| Fill in this information to ider | ntify your case: | | | |
|--|--|-------------------------------------|---------------------------|--|
| | | | | |
| DAYAN MOLI | NA-CARBALLO Middle Name | Last Name | | |
| Debtor 2 Spouse, if filing) First Name | Middle Name | Last Name | | |
| Inited States Bankruptcy Court for | ···· · | | , | |
| | and Brother of Wellingt | | Chook if | F this is: |
| ase number If known) | | - | Check if | rtnis is: mended filing |
| | | | ☐ A su | pplement showing postpetition chapter 13 ne as of the following date: |
| fficial Form 106l | <u></u> | | MM / | DD/ YYYY |
| chedule I: Y | our Income | | | 12/15 |
| art 1: Describe Emplo | | | . and sase number (II | known). Answer every question. |
| information. | | Debtor 1 | | Debtor 2 or non-filing spouse |
| If you have more than one job attach a separate page with information about additional employers. | o, Employment status | ⊠ Employed □ Not employed | | ☐ Employed ☐ Not employed |
| Include part-time, seasonal, c self-employed work. | Occupation | HOUSEPERSO | ON | |
| Occupation may include stude or homemaker, if it applies. | ent Employer's name | THE D CASING | o | |
| | , , | | | |
| | Employer's address | 301 FREMONT | | Number Street |
| | | | | - Steel |
| | | LAS VEGAS | NV 89101 | |
| | | City | State ZIP Code | City State ZIP Code |
| | How long employed the | ere? 2 YEARS | | 2 YEARS |
| art 2: Give Details Ab | out Monthly Income | | | |
| Estimate monthly income as | s of the date you file this for | m. If you have nothing | to report for any line, v | write \$0 in the space. Include your non-filing |
| spouse unless you are separa If you or your non-filing spous below. If you need more space | e have more than one employ | | ation for all employers | for that person on the lines |
| | | | For Debtor 1 | For Debtor 2 or non-filing spouse |
| List monthly gross wages, deductions). If not paid mont | salary, and commissions (b hly, calculate what the monthl | | ² \$ 2,142.74 | \$ |
| Estimate and list monthly o | vertime pay. | ; | 3. +\$ | + \$ |
| Calculate gross income. Ac | ld line 2 + line 3. | 4 | \$ 2,142.74 | \$ |

Official Form 1061

DAYAN MOLINA-CARBALLO Debtor 1 Case number (if known) Middle Name For Debtor 1 For Debtor 2 or non-filing spouse 2,142.74 Copy line 4 here...... + 4. 5. List all payroll deductions: 371.04 5a. Tax, Medicare, and Social Security deductions 5a. 5b. Mandatory contributions for retirement plans 5b. 5c. Voluntary contributions for retirement plans 5c. 5d. Required repayments of retirement fund loans 5d. 5e. Insurance 5e 5f. Domestic support obligations 5f. 50.50 5g. 5g. Union dues 0.00 5h. Other deductions. Specify: 5h. 421.54 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h. 6. 1,721.20 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total 0.00 monthly net income. 8a 0.00 8b 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce 0.00 settlement, and property settlement. 8c. 0.00 8d. Unemployment compensation 8d. 8e. Social Security 8e. 0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 0.00 Ω£ 0.00 8g. Pension or retirement income 8g. 8h. Other monthly income. Specify: 8h. 0.000.00 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 9. 10. Calculate monthly income. Add line 7 + line 9. 0.00 1,721.20 1,721.20 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 10. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 0.00 Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 1,721.20 Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies 12 Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form?

☑ No.

Yes. Explain:

| Fill in this information to identif | y your case: | | | |
|--|---|----------------------------------|---|---------------------|
| Debtor 1 DAYAN MOLINA | | Check if this | ie. | |
| First Name Debtor 2 | Middle Name Last Name | | - | |
| (Spouse, if filing) First Name | Middle Name Last Name | An amen | • | petition chapter 13 |
| United States Bankruptcy Court for the | DISTRICT OF NEVADA | | as of the following | |
| Case number (If known) | | MM / DD / | YYYY | |
| Official Form 106J | | | | |
| Schedule J: Yo | - ur Fynenses | | | 12/15 |
| Be as complete and accurate as p | ossible. If two married people are fill led, attach another sheet to this form | | | ring correct |
| Part 1: Describe Your Ho | usehold | | | |
| l. Is this a joint case? | | | | |
| ✓ No. Go to line 2.✓ Yes. Does Debtor 2 live in a | separate household? | | | |
| ☐ No ☐ Yes. Debtor 2 must fi | ile Official Form 106J-2, <i>Expenses for</i> S | Separate Household of Debtor 2. | A. I E-Territorii - I. II. A. | |
| Do you have dependents? | □ No | Dependent's relationship to | Dependent's | Does dependent live |
| Do not list Debtor 1 and Debtor 2. | Yes. Fill out this information for each dependent | Debtor 1 or Debtor 2 | age | with you? |
| Do not state the dependents' names. | · | FIANCE | 27 | ☐ No ☑ Yes |
| | | STEP SON | 10 | ☐ No ☑ Yes |
| | | | | ☐ No |
| | | | | ☐ Yes |
| | | | **** | □ No |
| | | | | ☐ Yes |
| | | | | U No □ Yes |
| Do your expenses include | ☑ No | | | |
| expenses of people other than yourself and your dependents? | ¥ZINO ☐ Yes | | | |
| | ing Monthly Expenses | | | |
| | r bankruptcy filing date unless you a | re using this form as a suppleme | nt in a Chapter 13 o | ase to report |
| • • | nkruptcy is filed. If this is a suppleme | • | • | • |
| · · · · · · · · · · · · · · · · · · · | n-cash government assistance if you d it on Schedule I: Your Income (Offi | | Your expe | nses |
| | expenses for your residence. Include | • | 4. \$ | 600.00 |
| If not included in line 4: | | | | |
| 4a. Real estate taxes | | | 4a. \$ | 0.00 |
| 4b. Property, homeowner's, or r | renter's insurance | | 4b. \$ | 0.00 |
| 4c. Home maintenance, repair, | and upkeep expenses | | 4c. \$ | 0.00 |
| 4d. Homeowner's association o | r condominium dues | | 4d. \$ | 0.00 |

| Debtor 1 | DAYAN I | MOLINA-CAR | BALLO | |
|----------|------------|-------------|-----------|--|
| | First Name | Middle Name | Last Name | |

Case number (if known)

| | | | Your ex | penses |
|-----|---|------|-----------|--------|
| 5. | Additional mortgage payments for your residence, such as home equity loans | 5. | \$ | 0.00 |
| | Utilities: | - | | |
| 6. | 6a. Electricity, heat, natural gas | 6a. | \$ | 120.00 |
| | 6b. Water, sewer, garbage collection | 6b. | \$ | 60.00 |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 170.00 |
| | 6d. Other. Specify: | 6d. | \$ | 0.00 |
| 7. | Food and housekeeping supplies | 7. | \$ | 600.00 |
| 8. | Childcare and children's education costs | 8. | \$ | 0.00 |
| 9. | Clothing, laundry, and dry cleaning | 9. | \$ | 50.00 |
| 10. | Personal care products and services | 10. | \$ | 40.00 |
| 11. | Medical and dental expenses | 11. | \$ | 0.00 |
| 12. | Transportation. Include gas, maintenance, bus or train fare. | | œ | 180.00 |
| | Do not include car payments. | 12. | \$ | |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 0.00 |
| 14. | Charitable contributions and religious donations | 14. | \$ | 0.00 |
| 15. | Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | 15a. Life insurance | 15a. | \$ | 0.00 |
| | 15b. Health insurance | 15b. | \$ | 0.00 |
| | 15c. Vehicle insurance | 15c. | \$ | 0.00 |
| | 15d. Other insurance. Specify: | 15d. | \$ | 0.00 |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 16. | \$ | 0.00 |
| 17. | Installment or lease payments: | | | |
| | 17a. Car payments for Vehicle 1 | 17a. | \$ | 0.00 |
| | 17b. Car payments for Vehicle 2 | 17b. | \$ | 0.00 |
| | 17c. Other. Specify: | 17c. | \$ | 0.00 |
| | 17d. Other. Specify: | 17d. | \$ | 0.00 |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ | 0.00 |
| 19. | Other payments you make to support others who do not live with you. | | | |
| | Specify: | 19. | \$ | 0.00 |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom | e. | | |
| | 20a. Mortgages on other property | 20a. | \$ | 0.00 |
| | 20b. Real estate taxes | 20b. | \$ | 0.00 |
| | 20c. Property, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| | 20d. Maintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| | 20e. Homeowner's association or condominium dues | 20e. | \$ | 0.00 |

| Debto | 1 DAYAN MOLINA-CARBALLO First Name Middle Name Last Name | Case number (if known) | |
|-----------------|--|------------------------|--|
| 21. O | ther. Specify: | 21. | +\$0.00 |
| 22. C | ilculate your monthly expenses. | | |
| 22 | a. Add lines 4 through 21. | 22a. | \$1,820.00 |
| 22 | b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | 22b. | \$0.00 |
| 22 | c. Add line 22a and 22b. The result is your monthly expenses. | 22c. | \$1,820.00 |
| | | | Experience and the control of the co |
| 23. Ca l | culate your monthly net income. | | 4 704 00 |
| 23a | Copy line 12 (your combined monthly income) from Schedule I. | 23a . | \$1,721.20 |
| 23b | Copy your monthly expenses from line 22c above. | 23b. | -\$1,820.00 |
| 23 c | Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . | 23c . · | \$98.80_ |
| | you expect an increase or decrease in your expenses within the year after you | | |
| ror | example, do you expect to finish paying for your car loan within the year or do you e | xpeci your | |

mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☑ No. ☐ Yes.

Explain here:

| Fill in this infe | ormation to identif | v vour case: | | | |
|---------------------------------|--|-------------------------|-------------------------|---|--------------------|
| | DAYAN MOLINA | | | | |
| _ | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | — | |
| United States Ba | ankruptcy Court for the | : DISTRICT OF NEVAD |)A | | |
| Case number (If known) | | | _ | | |
| | | | | | Check if this is a |
| | | | | | amended filing |
| O(C. :-1 | E 400D | | | | |
| Oπiciai | Form 106D | <u>ec</u> | | | |
| Decla | aration A | bout an I | ndividual | Debtor's Schedules | 12/15 |
| If two marrie | ed neonle are filing | together both are equ | ually responsible for s | supplying correct information. | |
| | _ | - | - | ed schedules. Making a false statement, conce | olina proporty or |
| | | | | se can result in fines up to \$250,000, or imprisc | |
| _ | | 2, 1341, 1519, and 3571 | - | | • |
| | | | | | |
| | | | | | |
| | Sign Below | | | | |
| | | | | | |
| Did you | pay or agree to pay | someone who is NOT | an attorney to help y | ou fill out bankruptcy forms? | |
| □ No | , | | ,, | | |
| | Name of person_AM | Y MILLER | | . Attach Bankruptcy Petition Preparer's Notice, Decla | ration. and |
| | <u> </u> | | | Signature (Official Form 119). | • |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | enalty of perjury, I or are true and corre | | the summary and so | hedules filed with this declaration and | |
| mat mey | are true and corre | | | | |
| \mathcal{L} | 1 | | | | |
| × // | hun unt | | × | | |
| Signature | MCMA | | Signature of Deb | tor 2 | |
| Gilliatule | 7 | | Signature of Deb | W1 & | |
| Date C | 13/15/2019 | | Date | | |
| MM | / DD / YYYY | | MM / DD / | YYYY | |

| Fill in this information to identify your case: | | | |
|---|---|---|---|
| | | | |
| Debtor 1 DAYAN MOLINA-CARBALLO First Name Middle Name | Last Name | | |
| Debtor 2 (Spouse, if filing) First Name Middle Name | Last Name | | |
| United States Bankruptcy Court for the: DISTRICT OF NE | | | |
| Case number | .,,,,,, | | |
| (if known) | | | Check if this is an amended filing |
| Official Form 107 | | | |
| Statement of Financial Affai | rs for Indiv | viduals Filing for Bankrupto | ey 04/10 |
| e as complete and accurate as possible. If two man formation. If more space is needed, attach a separ umber (if known). Answer every question. Part 1: Give Details About Your Marital Sta | ate sheet to this for | rm. On the top of any additional pages, write you | lying correct name and case |
| Narried Married | | | |
| ✓ Married ✓ Not married | | | |
| No Yes. List all of the places you lived in the last 3 Debtor 1: | years. Do not include Dates Debtor 1 lived there | e where you live now. Debtor 2: | Dates Debtor 2 lived there |
| | | ☐ Same as Debtor 1 | ☐ Same as Debtor 1 |
| | | | |
| Number Street | From | Number Street | From |
| Number Street | From To | Number Street | From To |
| Number Street City State ZIP Code | | Number Street City State ZIP Code | |
| | | | |
| City State ZIP Code | | City State ZIP Code Same as Debtor 1 | To |
| | To | City State ZIP Code | To |
| City State ZIP Code | To | City State ZIP Code Same as Debtor 1 | To To Same as Debtor 1 |
| City State ZIP Code | To | City State ZIP Code Same as Debtor 1 | To To Same as Debtor 1 |
| City State ZIP Code Number Street City State ZIP Code | To From To | City State ZIP Code Same as Debtor 1 Number Street City State ZIP Code | To Same as Debtor 1 From To |
| City State ZIP Code Number Street City State ZIP Code Within the last 8 years, did you ever live with a s | To | City State ZIP Code Same as Debtor 1 Number Street City State ZIP Code | To Same as Debtor 1 From To (Community property |
| City State ZIP Code Number Street City State ZIP Code Within the last 8 years, did you ever live with a s | To | City State ZIP Code Same as Debtor 1 Number Street City State ZIP Code | To To To To (Community property |
| City State ZIP Code Number Street City State ZIP Code Within the last 8 years, did you ever live with a s states and territories include Arizona, California, Ida | To From To pouse or legal equino, Louisiana, Nevac | City State ZIP Code Same as Debtor 1 | To To To To (Community property |

| Debtor 1 | DAYAN MOLINA-CARBALLO First Name Middle Name Last | Name | Case nu | umber (if known) | |
|---------------------------------|--|--|---|---|--|
| Fill ii If yo ∑ | you have any income from employment in the total amount of income you receive us are filing a joint case and you have income. No Yes. Fill in the details. | d from all jobs and all busi | inesses, including part-ti | me activities. | endar years? |
| | | Debtor 1 | | Debtor 2 | |
| | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | From January 1 of current year until the date you filed for bankruptcy: | Wages, commissions, bonuses, tips Operating a business | \$5,453.71 | ☐ Wages, commissions, bonuses, tips☐ Operating a business | \$ |
| | For last calendar year: (January 1 to December 31, 20/8 | Wages, commissions, bonuses, tips Operating a business | \$ <u>27,307.00</u> | Wages, commissions, bonuses, tips Operating a business | \$ |
| | For the calendar year before that: (January 1 to December 31, 2017) | ₩ Wages, commissions, bonuses, tips Operating a business | \$ 24,189.00 | ☐ Wages, commissions, bonuses, tips☐ Operating a business | \$ |
| Inclu unen gamt List e | you receive any other Income during to de income regardless of whether that incomployment, and other public benefit paym bling and lottery winnings. If you are filing each source and the gross income from each | ome is taxable. Examples ents; pensions; rental inco a joint case and you have | of other income are alimome; interest; dividends; a income that you receive | money collected from laws ed together, list it only once | suits; royalties; and |
| | es. I iii iii trie details. | Debtor 1 | | Debtor 2 | |
| | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) |
| | From January 1 of current year until the date you filed for bankruptcy: | | | | |
| | | | <u> </u> | | \$ |
| | For last calendar year: (January 1 to December 31,) | | \$ | | \$ |
| | For the calendar year before that: (January 1 to December 31, | | | | \$ \$ |

| ebtor 1 | DAYAN MOLINA-CARBALLO First Name Middle Name Last Name | | _ Case | number (if known) | |
|--------------|---|--------------------|-----------------------------|-------------------------------|-------------------------------|
| Part 3: | List Certain Payments You Made Bef | ore You Filed | l for Bankruptcy | | |
| | | | | | |
| 6. Are eit | her Debtor 1's or Debtor 2's debts primarily | consumer deb | ts? | | |
| □ No | Neither Debtor 1 nor Debtor 2 has primari "incurred by an individual primarily for a pers | | | re defined in 11 U.S.C. § 10 | 1(8) as |
| | During the 90 days before you filed for bankr | uptcy, did you p | ay any creditor a total of | \$6,425* or more? | |
| | ☐ No. Go to line 7. | | | | |
| | Yes. List below each creditor to whom yo total amount you paid that creditor. I child support and alimony. Also, do | Do not include p | payments for domestic su | apport obligations, such as | |
| | * Subject to adjustment on 4/01/19 and every | / 3 years after th | nat for cases filed on or a | ifter the date of adjustment. | |
| ☑ Yes | s. Debtor 1 or Debtor 2 or both have primaril | y consumer de | ebts. | | |
| | During the 90 days before you filed for bankr | uptcy, did you p | ay any creditor a total of | \$600 or more? | |
| | ☑ No. Go to line 7. | | | | |
| | Yes. List below each creditor to whom yo creditor. Do not include payments for alimony. Also, do not include payme | r domestic supp | ort obligations, such as | child support and | |
| | | Dates of payment | Total amount paid | Amount you still owe | Was this payment for |
| | | | \$ | \$ | ☐ Mortgage |
| | Creditor's Name | | | | ☐ Car |
| | Number Street | | | | Credit card |
| | | | | | Loan repayment |
| | | | | | Suppliers or vendors |
| | City State ZIP Code | | | | Other |
| | | | | | |
| | Creditor's Name | | \$ | _ \$ | ☐ Mortgage |
| | | | | | ☐ Car |
| | Number Street | | | | ☐ Credit card☐ Loan repayment |
| | | | | | Suppliers or vendors |
| | | | | | Other |
| | City State ZIP Code | | | | |
| | | | \$ | \$ | |
| | Creditor's Name | | Φ | _ Ψ | ☐ Mortgage |
| | | | | | ☐ Car ☐ Credit card |
| | Number Street | | | | Loan repayment |
| | | | | | Suppliers or vendors |
| | | | | | Other |
| | City State ZIP Code | | | | — Onto |

| г 1 | DAYAN MOLINA-CAR | DALLO | | | Case number (if known) | i |
|---|--|--|---------------------------------------|--|--|---|
| | First Name Middle Name | Last Name | | _ | , | |
| Inside corpo agent such | as child support and alimony. | jeneral partners; cer, director, pers | relatives of any son in control, o | general partners; r owner of 20% or | partnerships of whic more of their voting | h you are a general partner; |
| 2 1 Nα □ γ ₄ | o es. List all payments to an insid | ler | | | | |
| - ' | es. List all payments to all mot | | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
| ī | Insider's Name | | | \$ | \$ | |
| <u> </u> | Number Street | | | | | |
| _ | | | - <u></u> | | | |
| 7 | City Sta | ite ZIP Code | - | | | |
| | | | | \$ | \$ | |
| ī | nsider's Name | | | | | |
| | | | | | | |
| _ | Number Street | | | | | |
| _ | Number Street | | | | | |
| - - | City Sta | | | | | |
| Vithin an ins nclude | Standard Sta | ankruptcy, did y | | Total amount pald | Amount you still owe | n account of a debt that benefite Reason for this payment Include creditor's name |
| ō ō Within nn ins ncludd Mo Na Ye | Standard Sta | ankruptcy, did y | an insider. Dates of | Total amount | Amount you still | Reason for this payment |
| ō Ō Within nn ins ncludd M Ye | Standard Sta | ankruptcy, did y | an insider. Dates of | Total amount pald | Amount you still owe | Reason for this payment |
| ō ō Within In ins nclude Mo Ye | Stan 1 year before you filed for besider? e payments on debts guaranted es. List all payments that benefi | ankruptcy, did y | an insider. Dates of | Total amount pald | Amount you still owe | Reason for this payment |
| To T | Stan 1 year before you filed for besider? e payments on debts guaranted es. List all payments that benefi | ankruptcy, did y ed or cosigned by ted an insider. | an insider. Dates of | Total amount pald | Amount you still owe | Reason for this payment |
| Vithin no insoludio | Stan 1 year before you filed for besider? e payments on debts guaranter bes. List all payments that benefit histories Name | ankruptcy, did y ed or cosigned by ted an insider. | an insider. Dates of | Total amount pald | Amount you still owe | Reason for this payment |
| To control of the co | City State 1 year before you filed for besider? e payments on debts guaranter bes. List all payments that benefit insider's Name street | ankruptcy, did y ed or cosigned by ted an insider. | an insider. Dates of | Total amount pald | Amount you still owe | Reason for this payment |

City

State

ZIP Code

| | | | Case number (if know | ٧n) | |
|--------|---|--|---|---------------------|--|
| | First Name Middle Name Last Name | | | | |
| | | | | | |
| art 4: | | | | | |
| | 1 year before you filed for bankruptcy, we such matters, including personal injury cases | | | | |
| | ntract disputes. | , sinan olanno aotiono, a | rvorces, concenten dans, pare | They dollors, suppl | or or odotody modified |
| ☑ No | | | | | |
| _ | s. Fill in the details. | | | | |
| | Natu | re of the case | Court or agency | | Status of the case |
| | | | | | |
| Ca | ase title | | Court Name | | — — Pending |
| | | | | | On appeal |
| | | | Number Street | | Concluded |
| Ca | ase number | | City | ate ZIP Code | |
| | | | City Sta | ate ZIP Code | |
| | | | | | П- " |
| Ca | ase title | | Court Name | | - Fending |
| _ | | | | | On appeal Concluded |
| | | | Number Street | | Concluded |
| Ca | ase number | | City Ste | ate ZIP Code | . |
| 103 | s. Fill in the information below. | | | | |
| | | Barantha dha assassa | | Data. | Value of the second |
| | | Describe the proper | ty | Date | Value of the propert |
| | AMERICAN HONDA FINANCE Creditor's Name | Describe the proper VEHICLE | ty | Date 2017 | |
| | AMERICAN HONDA FINANCE Creditor's Name | | ty | - | |
| | AMERICAN HONDA FINANCE | | | - | |
| | AMERICAN HONDA FINANCE Creditor's Name PO BOX 60001 | VEHICLE | ned | - | |
| | AMERICAN HONDA FINANCE Creditor's Name PO BOX 60001 | VEHICLE Explain what happen Property was r | ned repossessed. foreclosed. | - | |
| | AMERICAN HONDA FINANCE Creditor's Name PO BOX 60001 Number Street CITY OF INDUST CA 91716 | VEHICLE Explain what happen Property was for Property was for Property was for Property was good prop | ned repossessed. foreclosed. gamished. | - | |
| | AMERICAN HONDA FINANCE Creditor's Name PO BOX 60001 Number Street | VEHICLE Explain what happen Property was n Property was n Property was n Property was n | ned repossessed. foreclosed. garnished. attached, seized, or levied. | - | \$ Un Known |
| | AMERICAN HONDA FINANCE Creditor's Name PO BOX 60001 Number Street CITY OF INDUST CA 91716 | VEHICLE Explain what happen Property was for Property was for Property was for Property was good prop | ned repossessed. foreclosed. garnished. attached, seized, or levied. | - | \$ Un Known |
| | AMERICAN HONDA FINANCE Creditor's Name PO BOX 60001 Number Street CITY OF INDUST CA 91716 | VEHICLE Explain what happen Property was n Property was n Property was n Property was n | ned repossessed. foreclosed. garnished. attached, seized, or levied. | 2017 | \$ <u>เป็น Kทอนิก</u> Value of the proper |
| | AMERICAN HONDA FINANCE Creditor's Name PO BOX 60001 Number Street CITY OF INDUST CA 91716 City State ZIP Code | VEHICLE Explain what happen Property was n Property was n Property was n Property was n | ned repossessed. foreclosed. garnished. attached, seized, or levied. | 2017 | \$ Un Known |
| | AMERICAN HONDA FINANCE Creditor's Name PO BOX 60001 Number Street CITY OF INDUST CA 91716 | VEHICLE Explain what happen Property was n Property was n Property was n Property was n | ned repossessed. foreclosed. garnished. attached, seized, or levied. | 2017 | \$ <u>เป็น Kทอนิก</u> Value of the proper |
| | AMERICAN HONDA FINANCE Creditor's Name PO BOX 60001 Number Street CITY OF INDUST CA 91716 City State ZIP Code | VEHICLE Explain what happen Property was f Property was f Property was g Property was a | ned repossessed. foreclosed. garnished. attached, seized, or levied. | 2017 | \$ เป็น Knobin |
| | AMERICAN HONDA FINANCE Creditor's Name PO BOX 60001 Number Street CITY OF INDUST CA 91716 City State ZIP Code | VEHICLE Explain what happen Property was n Property was n Property was n Property was n | ned repossessed. foreclosed. garnished. attached, seized, or levied. | 2017 | Value of the proper |
| | AMERICAN HONDA FINANCE Creditor's Name PO BOX 60001 Number Street CITY OF INDUST CA 91716 City State ZIP Code | VEHICLE Explain what happen Property was f Property was g Property was a Property was a Describe the propert | ned repossessed. roreclosed. gamished. attached, seized, or levied. by | 2017 | \$ เป็น Knobin |
| | AMERICAN HONDA FINANCE Creditor's Name PO BOX 60001 Number Street CITY OF INDUST CA 91716 City State ZIP Code | VEHICLE Explain what happer Property was f Property was g Property was a Property was a Describe the propert | ned repossessed. foreclosed. garnished. attached, seized, or levied. by ned epossessed. oreclosed. | 2017 | \$ เป็น Knobin |

| | iptcy, did any creditor, including a bank or finan | cial institution, set off any an | nounts from you |
|---|--|----------------------------------|-------------------|
| counts or refuse to make a payment bed No | cause you owed a debt <i>t</i> | | |
| Yes. Fill in the details. | | | |
| res. Fin the details. | | | |
| | Describe the action the creditor took | Date action was taken | Amount |
| Creditor's Name | _ | | |
| | | | • |
| Number Street | - | | \$ |
| | | | |
| | - | | |
| City State ZIP Code | Last 4 digits of account number: XXXX | | |
| • | | | |
| hin 1 year before you filed for bankrupt | tcy, was any of your property in the possession | of an assignee for the benefi | t of |
| ditors, a court-appointed receiver, a cu | stodian, or another official? | - | |
| No | | | |
| Yes | | | |
| | | | |
| List Certain Gifts and Contribu | itions | | |
| | | | |
| | | | |
| hin 2 years before you filed for bankrup | tcy, did you give any gifts with a total value of n | nore than \$600 per person? | |
| - | otcy, did you give any gifts with a total value of n | nore than \$600 per person? | |
| No | etcy, did you give any gifts with a total value of n | nore than \$600 per person? | |
| No | etcy, did you give any gifts with a total value of n | nore than \$600 per person? | |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 | otcy, did you give any gifts with a total value of n Describe the gifts | Dates you gave | Value |
| No Yes. Fill in the details for each gift. | | | Value |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 | | Dates you gave | Value |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person | | Dates you gave | Value \$ |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person | | Dates you gave | \$ |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person | | Dates you gave | Value \$ \$ |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift | | Dates you gave | \$ |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift | | Dates you gave | \$ |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift | | Dates you gave | \$ |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift | | Dates you gave | \$ |
| Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street | | Dates you gave | \$ |
| Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street | | Dates you gave | \$ |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 | | Dates you gave the gifts | \$ |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 | Describe the gifts | Dates you gave the gifts | \$ \$ |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 | Describe the gifts | Dates you gave the gifts | \$ \$ |
| Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | \$ \$ |
| Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | \$ \$ |
| Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | \$ \$ |
| Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | \$ \$ |
| Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift | Describe the gifts | Dates you gave the gifts | \$ \$ |
| No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street | Describe the gifts | Dates you gave the gifts | \$ \$ |

| 1 | DAYAN MOLINA-CARBALLO First Name Middle Name Las | Case number (if known)_ | | |
|--------------|--|--|------------------------------|---------------------------|
| | | | | |
| Vithi | in 2 years before you filed for bankru | ptcy, did you give any gifts or contributions with a total valu | ue of more than \$6 | 00 to any charity? |
| Z Í N | | | | |
| | es. Fill in the details for each gift or cor | ntribution. | | |
| | oc. i iii iii did dotano ioi dadii giit di doi | | | |
| | Gifts or contributions to charities that total more than \$600 | Describe what you contributed | Date you contributed | Value |
| | that total more than \$500 | | Contributed | |
| | | | | |
| c | harity's Name | - | | \$ |
| | , | | | |
| _ | | • | | \$ |
| | | | | |
| N | umber Street | • | | |
| | | | | |
| Ci | ty State ZIP Code | | | |
| | | | | |
| | - | | | |
| 6: | List Certain Losses | | | |
| | Describe the property you lost and how the loss occurred | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost |
| | | | | \$ |
| 7: | List Certain Payments or Tran | sfers | | |
| ou c | onsulted about seeking bankruptcy | tcy, did you or anyone else acting on your behalf pay or tran or preparing a bankruptcy petition? eparers, or credit counseling agencies for services required in yo | | to anyone |
| l No | | <u>-</u> - | | |
| | es. Fill in the details. | | | |
| ļ | AMY MILLER | Description and value of any property transferred | Date payment or transfer was | Amount of paymer |
| | Person Who Was Paid | FOR PREPARE ALL FORMS OF CHAPTER 7 | made | |
| _ | SITERN AVE | TONT HEI ARE ALL I ONNIO OF CHAFTER I | | \$200.00 |
| _ | AS VEGAS NV 89123 | | | \$ |
| а | tmy@amytaxesnmore.com | | | |
| | erson Who Made the Payment, if Not You | | | |
| P | erson vino made ine Pavinent ir Not voli | | | |

| or 1 | | RBALLO | | Case number (if known) | | |
|---|--|--|--|------------------------------|-----------------------------------|------------------------|
| | First Name Middle Name | Last Na | ame | | | |
| hase the | t NVN Springsammann mytheriann flaterannen erste erste framerische met er er erste framerische im er er er ers | THE WARRING WITH A PART AND THE REAL PROPERTY AND THE PROPERTY AND THE REAL PROPERTY AND THE PROPERTY AN | Description and value of any propert | r transferred | Date payment or | Amount of |
| | | | | | transfer was made | payment |
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| ∡ No | ot include any payment or tran o es. Fill in the details. | siei iliai yöl | J IISLEU ON IINE TO. | | | |
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| | DAYAN MOLINA-CARBALLO First Name Middle Name Last | Name | Case number (if kn | own) | |
|---|---|---|--|--|--|
| | | . Talle | | | |
| | 10 years before you filed for bankru | | rty to a self-settled true | st or similar device of v | vhich you |
| | beneficiary? (These are often called a | sset-protection devices.) | | | |
| 2 No | | | | | |
| - Ye: | s. Fill in the details. | | | | |
| | | Description and value of the prop | erty transferred | | Date transfer was made |
| Nar | me of trust | _ | | | |
| | | _ | | | |
| a entirendendine i | | | to allow the tiled health and the second of the second | en enkerne verstaanse, etste ontwikkelinene en te erhondbelinen. | The Principle (1986) and a first first for the second constituent th |
| 8: | List Certain Financial Account | s, Instruments, Safe Deposit | Boxes, and Storag | • Units | |
| iosed iclude | 1 year before you filed for bankrupt I, sold, moved, or transferred? e checking, savings, money market, rage houses, pension funds, cooper. | or other financial accounts; cert | ificates of deposit; sha | | |
| | s. Fill in the details. | | | | |
| | | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| N. | nme of Financial Institution | | _ | | |
| | | XXXX | Checking | | \$ |
| Nu | umber Street | | ☐ Savings | | |
| | | | Money market | | |
| | | | ☐ Brokerage | | |
| Cit | ty State ZIP Code | | Other | | |
| Ma | me of Financial Institution | xxxx | ☐ Checking | | \$ |
| *** | | | ☐ Savings | | |
| | mber Street | | Money market | | |
| Nu | | | | | |
| Nu. | | | ☐ Brokerage | | |
| | | | ☐ Brokerage ☐ Other | | |
| City | y State ZIP Code | | | | |
| City O you ocuriti | State ZIP Code I now have, or did you have within 1 iles, cash, or other valuables? S. Fill in the details. | year before you filed for bankrup | Other | oox or other depository | for |
| Cin o you ecuriti No | now have, or did you have within 1 ies, cash, or other valuables? | year before you filed for bankrup Who else had access to it? | Other | | |
| City o you ecuriti I No I Yes | now have, or did you have within 1 ies, cash, or other valuables? | Who else had access to it? | Other | | Do you still |
| City o you ecuriti No Yes | now have, or did you have within 1 ies, cash, or other valuables? | | Other | | Do you still have it? ☐ No |
| o you ecuriti No Yes | now have, or did you have within 1 ies, cash, or other valuables? | Who else had access to it? | Other | | Do you still have it? ☐ No |

| Debtor 1 | DAYAN MOLINA-CARBALLO | St Name | Cas | se number (# known) | |
|----------|--|---|----------------|-----------------------------------|----------------|
| | FIRST NAME MIDDIE NAME LA: | st Name | | | |
| 22. Have | you stored property in a storage unit | or place other than your home | within 1 year | r before you filed for bankruptcy | ? |
| Δi | | | | | |
| U Y | es. Fill in the details. | Who else has or had access to i | 49 | Describe the contents | Do you still |
| | | Willo eise Has or Hau access to i | ıtr | Describe the Contents | have it? |
| | | | | | □ No |
| | Name of Storage Facility | Name | | | Yes |
| | | | | | |
| | Number Street | Number Street | | | |
| | | City State ZiP Code | | | |
| | City State ZIP Code | | | | |
| | _ | | | | |
| Part 9 | Identify Property You Hold | or Control for Someone Els | • | | |
| | you hold or control any property that | someone else owns? Include an | y property y | ou borrowed from, are storing f | or, |
| | old in trust for someone. No | | | | |
| | Yes. Fill in the details. | | | | |
| | | Where is the property? | | Describe the property | Value |
| | | | | | |
| | Owner's Name | | | | \$ |
| | Number Street | Number Street | | • | |
| | Number Street | | | | |
| | | City State | ZIP Code | | |
| | City State ZIP Code | J., | | | |
| Part 1 | 0: Give Details About Environ | mental information | | | |
| For the | purpose of Part 10, the following defi | initions apply: | - | | |
| | <i>ironmental law</i> means any federal, sta | • | _ | • | |
| | ardous or toxic substances, wastes, o uding statutes or regulations controlli | | • | , • | ım, |
| | means any location, facility, or prope | | • | • | or |
| | ze it or used to own, operate, or utilize | • | | motion you now own, operato, | , 01 |
| | <i>ardous material</i> means anything an er | | azardous wa | ste, hazardous substance, toxic | |
| sub | stance, hazardous material, pollutant, | contaminant, or similar term. | | | |
| Report | all notices, releases, and proceedings | s that you know about, regardles | ss of when th | ney occurred. | |
| 24. Has | any governmental unit notified you th | at you may be liable or potential | lly liable und | er or in violation of an environm | ental law? |
| Ø. | | | | | |
| _ | งo /es. Fill in the details. | | | | |
| | | Governmental unit | Environm | ental law, if you know it | Date of notice |
| | | | | www, o you allow it | Date of Hotice |
| _ | | | | | |
| Ñ | ame of site | Governmental unit | _ | | |
| Ñ | lumber Street | Number Street | | | |
| | | Oliv Chile 700 C | _ | | |
| _ | | City State ZIP Code | | | |

City

State

ZiP Code

| | DAYAN MOLINA-CARBALL | <u> </u> | Case number (if known) | |
|-----------------|--|--|--|--|
| | First Name Middle Name L | ast Name | | |
| | | | | |
| . Have | you notified any governmental unit | of any release of hazardous mater | ial? | |
| Ø N | No | | | |
| □ Y | es. Fill in the details. | | | |
| | | Governmental unit | Environmental law, if you know it | Date of notice |
| | | | | |
| | Name of site | Governmental unit | _ | |
| | | Governmental unit | | |
| | Number Street | Number Street | - | |
| | | | | |
| | | City State ZIP Code | - | |
| | City State ZiP Code | | | |
| | • | | | |
| Have | you been a party in any judicial or a | idministrative proceeding under an | y environmental law? Include set | tlements and orders. |
| Ø N | lo | | | |
| Q Y | es. Fill in the details. | | | |
| | | Court or agency | Nature of the case | Status of the case |
| _ | AMI- | | | |
| Ų | Case title | Court Namo | | Pending |
| | | | | On appea |
| _ | | Number Street | | Conclude |
| | | | | |
| | ase number | City State ZIP Co | | |
| С | | City State Zir Cu | 40 | |
| C | | CRY State ZIP CO | ue | |
| | Give Details About Your Bo | usiness or Connections to Any | | |
| rt 11 | | isiness or Connections to Any | Business | ons to any business? |
| rt 11 Withi | Give Details About Your Buin 4 years before you filed for bankru A sole proprietor or self-employed | usiness or Connections to Any | Business ave any of the following connecti | ons to any business? |
| r: 11 Withi | in 4 years before you filed for bankru | usiness or Connections to Any uptcy, did you own a business or h i in a trade, profession, or other ac | Business ave any of the following connectivity, either full-time or part-time | ons to any business? |
| W ithi | in 4 years before you filed for bankro A sole proprietor or self-employed A member of a limited liability con A partner in a partnership | usiness or Connections to Any uptcy, did you own a business or h i in a trade, profession, or other ac upany (LLC) or limited liability part | Business ave any of the following connectivity, either full-time or part-time | ons to any business? |
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| Describe the nature of the business Employer identification number Do not include Social Security number or EIN: Number Street Name of accountant or bookkeeper Dates business existed From To City State ZIP Code Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial statements, creditors, or other parties. No Yes. Fill in the details below. Date issued | Do not include Social Security number or ITIN. EIN: | | Last Name | Se number (if known) |
|--|--|---|--|---|
| Business Name EIN: | Inher Street Name of accountant or bookkeeper Dates business existed From To State ZIP Code E years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial ons, creditors, or other parties. Fill in the details below. Date issued MM / DD / YYYY Therefore Treet | | Describe the nature of the business | |
| Number Street Name of accountant or bookkeeper Prom To City State ZIP Code To To State ZIP Code To | Name of accountant or bookkeeper Prom To State ZIP Code From To State ZIP Code Prom To Prom | Business Name | | · |
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| No Yes. Fill in the details below. Date issued Name MM / DD / YYYY | Date issued MM / DD / YYYY Therefore Street | | r bankruptcy, did you give a financial statement to a | nyone about your business? Include all financial |
| Name MM / DD / YYYY | MM / DD / YYYY | No | rtles. | |
| | nber Street | | Date issued | |
| Number Street | | Name | MM / DD / YYYY | |
| | State ZIP Code | Number Street | | |
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| | | | | |
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| 124 Sign Below | | 12: Sign Below | | |
| have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the nswers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by for connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. | rs are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by frau nection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. | have read the answers on this S nswers are true and correct. I ur n connection with a bankruptcy | nderstand that making a false statement, concealing case can result in fines up to \$250,000, or imprison | property, or obtaining money or property by frau- |
| have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the nswers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by for connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 8 U.S.C. §§ 152, 1341, 1519, and 3571. | rs are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraumection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. C. §§ 152, 1341, 1519, and 3571. | have read the answers on this S nswers are true and correct. I ur n connection with a bankruptcy | nderstand that making a false statement, concealing case can result in fines up to \$250,000, or imprison 3571. | property, or obtaining money or property by frau- |
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| have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the nswers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by for connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 8 U.S.C. \$\frac{1}{2}\$ 152, 1341, 1519, and 3571. Signature of Debtor 2 Date | rs are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraunce to with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. C. \$\frac{1}{3}\$ 152, 1341, 1519, and 3571. Signature of Debter 1 Date Date Date | have read the answers on this S nswers are true and correct. I ur n connection with a bankruptcy of 8 U.S.C. \$\frac{3}{5}\$ 152, 1341, 1519, and Signature of Debter 1 Date 03/15/30/8 id you attach additional pages to | nderstand that making a false statement, concealing case can result in fines up to \$250,000, or imprison 3571. Signature of Debtor 2 | g property, or obtaining money or property by fraument for up to 20 years, or both. |
| have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the inswers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by for connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 8 U.S.C. \$\frac{1}{2}\$ 152, 1341, 1519, and 3571. Signature of Debtor 2 Date | rs are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by frauction with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. C. \$\frac{1}{2}\$ 152, 1341, 1519, and 3571. Signature of Debtor 2 Date Date Date Date I attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? | have read the answers on this Sanswers are true and correct. I urn connection with a bankruptcy of 8 U.S.C. \$\frac{1}{2}\$ 152, 1341, 1519, and signature of Debter 1 Date 03/15/30/8 Did you attach additional pages to Yes iid you pay or agree to pay some | nderstand that making a false statement, concealing case can result in fines up to \$250,000, or imprison a 3571. Signature of Debtor 2 Date | g property, or obtaining money or property by fraument for up to 20 years, or both. See Filing for Bankruptcy (Official Form 107)? |

| Fill in this in | formation to ide | ntify your case: | | |
|---------------------------------|---------------------|-----------------------------|-----------|--|
| Debtor 1 | DAYAN MOL | INA-CARBALLO Middle Name | Last Name | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States | Bankruptcy Court fo | r the: DISTRICT OF NEVA | DA | |
| Case number (If known) | | | | |
| | | | | |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: Li

List Your Creditors Who Have Secured Claims

| For any creditors that you listed in Part 1 of Schedule D: information below. | cial Form 106D), fill in the | | |
|---|--|---|--|
| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? | |
| Creditor's | ☐ Surrender the property. | □ No | |
| name: | Retain the property and redeem it. | ☐ Yes | |
| Description of property securing debt: | ☐ Retain the property and enter into a Reaffirmation Agreement. | | |
| | Retain the property and [explain]: | | |
| Creditor's | ☐ Surrender the property. | | |
| name: | Retain the property and redeem it. | Yes | |
| Description of property securing debt: | Retain the property and enter into a Reaffirmation Agreement. | | |
| occaring door. | ☐ Retain the property and [explain]: | | |
| Creditor's | ☐ Surrender the property. | □ No | |
| name: | lacksquare Retain the property and redeem it. | ☐ Yes | |
| Description of property securing debt: | ☐ Retain the property and enter into a Reaffirmation Agreement. | | |
| | Retain the property and [explain]: | | |
| Creditor's | ☐ Surrender the property. | □ No | |
| name: | Retain the property and redeem it. | Yes | |
| Description of property securing debt: | ☐ Retain the property and enter into a Reaffirmation Agreement. | | |
| | Retain the property and [explain]: | | |
| | | | |

| Debtor | 1 |
|--------|---|

| DAYAN | MOLINA-CA | ARBALLO | Case number (If known) | |
|--------------|-------------|-----------|------------------------|---|
| First Name | Middle Name | Last Name | - | _ |

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

| Describe your unexpired personal property I | eases | Will the lease be assumed? |
|---|-------|----------------------------|
| Lessor's name: | | □ No |
| Description of leased property: | | Yes |
| Lessor's name: | | □ No |
| Description of leased property: | | Yes |
| Lessor's name: | | □ No |
| Description of leased property: | | ☐ Yes |
| Lessor's name: | | □No |
| Description of leased property: | | ☐ Yes |
| Lessor's name: | | □ No |
| Description of leased property: | | ☐ Yes |
| Lessor's name: | | □ No |
| Description of leased property: | | ☐ Yes |
| .essor's name: | | □ No |
| Description of leased | | Yes |

| F | ill in this information to identify your case: |], | | | | k one box 122A-1Su | only as directed ir pp: | this form and in |
|-------------------------------|---|--|--|---|--------------------------------|---|--|---------------------------------------|
| D | ebtor 1 DAYAN MOLINA-CARBALLO First Name Middle Name | Last Name | | - [| J 1 | There is no | presumption of ab | |
| (S | ebtor 2 pouse, if filing) First Name Middle Name | Last Name | | - | _ | The calcula | ation to determine if lies will be made un | a presumption of |
| U | nited States Bankruptcy Court for the: DISTRICT OF NEVADA | ı | | 1 | _ | | t Calculation (Offici | |
| _ | ase number fknown) | _ | | | 3. | | s Test does not app ilitary service but it | |
| | | | | | □ c | heck if this | s is an amended f | iling |
| 0 | fficial Form 122A—1 | | | | | | | |
| C | hapter 7 Statement of You | r Curre | ent M | onth | ly Ir | ncom | 2 | 12/15 |
| spa add do <i>Ab</i> | as complete and accurate as possible. If two married pace is needed, attach a separate sheet to this form. Inclitional pages, write your name and case number (if knot have primarily consumer debts or because of qualuse Under § 707(b)(2) (Official Form 122A-1Supp) with | clude the line nown). If you lifying militan this form. | number to believe th | o which t at you ar | he addi e exem | itional info pted from a | rmation applies. O a presumption of a | n the top of any abuse because you |
| | | | | | | | | |
| 7. | What is your marital and filing status? Check one only Not married. Fill out Column A, lines 2-11. | 1. | | | | | | |
| | ☐ Married and your spouse is filing with you. Fill out | t both Columi | ns A and B | , lines 2-1 | 1. | | | |
| | ☐ Married and your spouse is NOT filing with you. Y | You and you | r spouse a | re: | | | | |
| | Living in the same household and are not leg | gally separat | ted. Fill out | both Colu | ımns A | and B, lines | s 2-11. | |
| | Living separately or are legally separated. Fit under penalty of perjury that you and your spous spouse are living apart for reasons that do not in | se are legally | separated | under no | nbankru | ptcy law that | at applies or that yo | |
| | Fill in the average monthly income that you received bankruptcy case. 11 U.S.C. § 101(10A). For example, it August 31. If the amount of your monthly income varied of Fill in the result. Do not include any income amount more income from that property in one column only. If you have | f you are filing during the 6 n e than once. F | g on Septe no nth s, add For exampl | mber 15, t I the incor e, if both s | he 6-me ne for a spouses | onth period all 6 months s own t he sa | would be March 1 t and divide the total ame rental property, | hrough by 6. |
| | | | | | Colum Debto | | Column B Debtor 2 or non-filing spouse | è |
| 2. | Your gross wages, salary, tips, bonuses, overtime, ar (before all payroll deductions). | nd commissi | ions | | \$ <u>2</u> | <u>,142.7</u> 4 | \$ | |
| 3. | Alimony and maintenance payments. Do not include p Column B is filled in. | ayments from | n a spouse | if | \$ | 0.00 | \$ | |
| 4. | All amounts from any source which are regularly paid of you or your dependents, including child support. In from an unmarried partner, members of your household, and roommates. Include regular contributions from a spot filled in. Do not include payments you listed on line 3. | nclude regula your depende | ar contributi ents, paren | ons ts, | \$ | 0.00 | \$ | |
| 5. | Net income from operating a business, profession, | Debtor 1 | Debtor 2 | | | | | |
| | or farm Gross receipts (before all deductions) | \$ | \$ | | | | | |
| | Ordinary and necessary operating expenses | - \$ · | - \$ | _ | | | | |
| | Net monthly income from a business, profession, or farm | \$0.00 | \$ | Copy here→ | \$ | 0.00 | \$ | |
| 6. | Net income from rental and other real property Gross receipts (before all deductions) | Debtor 1 | Debtor 2 | | | | | |
| | Ordinary and necessary operating expenses | - \$ | - \$ | - | | | | |
| | Net monthly income from rental or other real property | \$_0.00 | \$ | Copy here | \$ | 0.00 | \$ | |
| 7. | Interest, dividends, and royalties | | - | . – | \$ | 0.00 | \$ | , , , , , , , , , , , , , , , , , , , |

| Debtor | | | Case numl | DEF (if known) | | |
|----------------|---|--|------------------|----------------|--|--|
| | First Name Middle Name Last Name | | | | | |
| | | | Columi Debtor | | Column B Debtor 2 or non-filing spouse | • |
| 8. U | nemployment compensation | | \$ | 0.00 | \$ | |
| | to not enter the amount if you contend that the amoun nder the Social Security Act. Instead, list it here: | | 1 | | | |
| | For you | \$ | | | | |
| | For your spouse | ·· \$ | | | | |
| | ension or retirement income. Do not include any an enefit under the Social Security Act. | nount received that was a | \$ | 0.00 | \$ | |
| D a | ncome from all other sources not listed above. Speto not include any benefits received under the Social Seto a victim of a war crime, a crime against humanity, or parorism. If necessary, list other sources on a separate | Security Act or payments receive international or domestic | ved | | | |
|] . | | | \$ | 0.00 | \$ | |
| ļ . | | | \$ | 0.00 | \$ | |
| | Total amounts from separate pages, if any. | | + \$ | 0.00 | + \$ | |
| | alculate your total current monthly income. Add lin olumn. Then add the total for Column A to the total for | | \$ <u>2</u> , | 142.74 | \$ | \$\frac{2,142.74}{\text{Total current monthly income}} |
| Part | 2: Determine Whether the Means Test Ap | plies to You | · <u>-</u> | | | monuny meonie |
| 12. C a | alculate your current monthly income for the year. | Follow these steps: | | | p | |
| 12 | 2a. Copy your total current monthly income from line | 11 | | Сор | y line 11 here 🛨 | \$ <u>2,142.74</u> |
| | Multiply by 12 (the number of months in a year). | | | | | x 12 |
| 12 | рь. The result is your annual income for this part of the | ne form. | | | 12b. | \$_25,712.88 |
| 13. C | alculate the median family income that applies to y | ou. Follow these steps: | | | | |
| Fi | II in the state in which you live. | NEVADA | | | | |
| Fi | II in the number of people in your household. | 3 | | | Г | |
| To | II in the median family income for your state and size of find a list of applicable median income amounts, go of structions for this form. This list may also be available | online using the link specified i | n the separa | | 13. | \$ <u>61,983.00</u> |
| 14. H | ow do the lines compare? | | | | | |
| 14 | a. Line 12b is less than or equal to line 13. On the Go to Part 3. | top of page 1, check box 1, 7 | here is no p | resumption | of abuse. | |
| 14 | b. Line 12b is more than line 13. On the top of page Go to Part 3 and fill out Form 122A-2. | ge 1, check box 2, The presun | nption of abu | se is detem | nined by Form 122A | 1-2. |
| Part | 3: Sign Below | | | | | |
| | By signing here, I declare under penalty of perju | ry that the information on this | statement ar | nd in any att | achments is true an | d correct. |
| | * / supunf | * | | | | |
| | Signature of Debtor 1 | S | Signature of De | ebtor 2 | | |
| | Date 03/15/3018 | С | MM / DE |) / YYYY | | |
| | If you checked line 14a, do NOT fill out or file | Form 122A-2. | | | | |
| | If you checked line 14b, fill out Form 122A-2 | | | | | |

UNITED STATES BANKRUPTCY COURT

DISTRICT OF NEVADA

| |) |
|-----------------------|---|
| In re: |) Bankruptcy No.: |
| DAYAN MOLINA-CARBALLO |) Chapter 7 |
| | VERIFICATION OF CREDITORMATRIX |
| Debtor(s). |))) |

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

| Date 03/15/2019 | Signature Sayoning |
|-----------------|--------------------|
| Date | Signature |

CREDITOR MATRIX DAYAN MOLINA CARBALLO

BANK OF AMERICA PO BOX 982238 EL PASO, TX 79998

BEST BUY/CBNA PO BOX 6497 SIOUX FALLS, SD 57117

CAPITAL ONE BANK USA NA PO BOX 30281 SALT LAKE CITY, UT 84130

CREDIT ONE BANK PO BOX 98872 LAS VEGAS, NV 89193

CURACAO 1605 W OLYMPIC BLVD LOS ANGELES, CA 90015

DUVERA 1910 PALOMAR POINT WAY STE 101 CARLSBAD, CA 92008

SYNCB/HOME DESIGN FURN PO BOX 965001 ORLANDO, FL 32896

SYNCB/JC PENNEY PO BOX 965007 ORLANDO, FL 32896

SYNCB/SAMS PO BOX 965005 ORLANDO, FL 32896

SYNCB/WAL-MART PO BOX 965024 ORLANDO, FL 32896

TD BANK USA/TARGET CREDIT PO BOX 1470 MINNEAPOLIS, MN 55440 MIDLAND FUNDING LLC 2365 NORTHSIDE DR STE 300 SAN DIEGO, CA 92108

RECEIVABLES PERFORMANCE 20818 44TH AVE W STE 140 LYNNWOOD, WA 98036

TMOBILE PO BOX 742596 CINCINNATI, OH 45274

SOURCE RECEIVABLES MANAGEMENT PO BOX 4068 GREENSBORO, NC 27404

SPRINT PO BOX 4191 CAROL STREAM, IL 60197

FINANCIAL RECOVERY SERVICES, INC. PO BOX 385908
MINNEAPOLIS, MN 55438

MONEY TREE 250 N NELLIS BLVD LAS VEGAS, NV 89110

CLIENT SERVICES, INC. 3451 HARRY S TRUMAN BLVD SAINT CHARLES, MO 63301

AT&T PO BOX 537104 ATLANTA, CA 30353

ERC PO BOX 23870 JACKSONVILLE, FL 32241

WELTMAN, WEINBERG & REIS CO., LPA PO BOX 93784 CLEVELAND, OH 44101

AMERICAN HONDA FINANCE CORPORATION PO BOX 60001 CITY OF INDUSTRY, CA 91716 CAPITAL MANAGEMENT SERVICES, LP 698 ½ SOUTH OGDEN ST BUFFALO, NY 14206

RADIUS GLOBAL SOLUTIONS LLC PO BOX 390846 MINNEAPOLIS, MN 55439

CHECK CITY LLC PO BOX 35227 LAS VEGAS, NV 89133

MERCHANTS PREFERRED LEASE- PURCHASE SERVICES 5500 INTERSTATE NORTH PARKWAY STE 350 ATLANTA, GA 30328

HOTAI FURNITURE 4681 SPRING MOUNTAIN RD LAS VEGAS, NV 89102

PLANTATION PLACE APARTMENTS 7900 BELLAIRE BLVD HOUSTON, TX 77036

STATE FARM ONE STATE FARM PLAZA BLOOMINGTON, IL 61710

WELLS FARGO 420 MONTGOMERY STREET SAN FRANCISCO, CA 94104